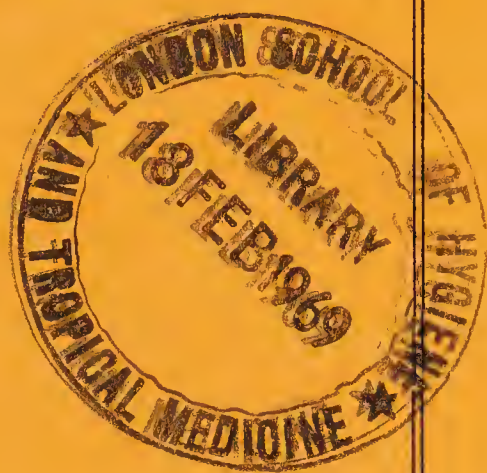


The Urban District of Esher



ANNUAL REPORT

of the

Medical Officer of Health

and

School Medical Officer

together with the Report of the

Chief Public Health Inspector

for the year

1966

The Urban District of Esher



ANNUAL REPORT

of the Health and
Sanitary Conditions
for the Year 1966

ESHER URBAN DISTRICT COUNCIL

HEALTH COMMITTEE

1966

Chairman: COUNCILLOR MRS. M. E. IVES

Vice-Chairman: COUNCILLOR P. G. LOCKYER

COUNCILLOR MRS. S. BADCOCK

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Ex-officio Member:

COUNCILLOR WILLIAM KERR, C.ENG., A.M.I.PROD.E., J.P.
(*Chairman of the Council*)

HEALTH DEPARTMENT

Staff

Medical Officer of Health
E. PEREIRA, M.B., B.S., D.P.H.

Assistant Medical Officers of Health
ANNA R. PARK, M.B., B.Ch., B.A.O., D.P.H.
E. V. FRASER, M.B., B.S.

Chief Public Health Inspector
F. L. BARKER, F.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector
C. F. PACKHAM, M.A.P.H.I.

Additional Public Health Inspectors
S. C. BAKER, M.A.P.H.I., A.V.I.
C. L. HUNT, M.A.P.H.I.

District Nursing Officer
MISS J. M. COLE, S.R.N., S.C.M., H.V.

Medical Social Workers
MRS. M. P. COUSSELL, A.I.M.S.W. (Part-time)
MRS. M. J. BRANDER, A.I.M.S.W. (Part-time)

Social Workers for the Physically Handicapped
MRS. A. E. DEFRIES, A.I.M.S.W. (Part-time)
MRS. E. SUMMERS, Soc.Sc.Dip. (commenced 28.11.66.) (Part-time)

Home Teacher for the Blind

MISS J. KNIGHT (Part-time)

Welfare Officer for the Deaf

MISS E. M. VOUSDEN (Part-time)

Public Health Nurse

MRS. L. ROBINSON, S.R.N.

Home Help Supervisor

MISS S. J. BODEN

Technical Assistant

R. J. CLARKE

Pests Control Officer

D. TAYLOR

General Duties Assistants

J. R. NICHOLS (commenced 12.1.66)
G. ETHERINGTON (commenced 20.6.66)

Senior Administrative Assistant

G. L. LEVATI (resigned 1.6.66)
E. SZTENCEL (commenced 27.6.66)

Administrative Assistant

MRS. Y. EMMERSON (resigned 24.11.66)
MRS. M. A. L. SOAN (commenced 24.11.66)

Clerical Staff


MISS D. ARNELL
MRS. M. L. BARDER (Part-time)
MRS. E. BRAILSFORD
MRS. J. BRANSBY (Part-time)
MISS B. CREW
MRS. Y. EMMERSON (commenced 25.11.66) (part-time)
MRS. L. A. HEADLEY (part-time)
MRS. J. HINTON (Part-time)
MRS. R. E. KIRKPATRICK
MISS P. LAND (resigned 31.12.66)
MRS. J. LOCK (commenced 1.10.66) (part-time)
MRS. H. LOVELEACE
MRS. M. SMITH (Part-time)
MRS. I. WIMMS
H. WOOLLEY

Clerk of the Council

A. G. CHAMBERLIN

Public Analysts

D. D. MOIR, M.Sc., F.R.I.C. & J. A. PALGRAVE, B.Sc., F.R.I.C.



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Urban District of Esher

HEALTH DEPARTMENT,

ESHER LODGE,

OLD CHURCH PATH,

ESHER.

*To the Chairman and Members of the
Esher Urban District Council.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1966, which has been prepared in accordance with Ministry of Health Circular 1/67.

The Report is divided into three parts — Environmental Health, which includes the report of the Chief Public Health Inspector; Personal Health and Welfare, and School Health.

The vital statistics show that, during the year, the health of the community has been very satisfactory. The infant mortality rate has increased, but this is not thought to be significant as a small increase in the number of deaths will increase the rate considerably when the population is comparatively low. In fact, the increase in the number of infant deaths was due to congenital abnormalities which, at present, are unavoidable.

The Public Health Inspector's report shows that the district has been well covered, and that high standards of hygiene and sanitation have been maintained.

As regards the Personal Health and Welfare Services reported in Part II, I am pleased to say that staff problems have been largely overcome, and much has been accomplished. In particular, I would draw your attention to the sections on the Care of the Elderly, Cervical Cytology and Health Education, which have developed and expanded during the year.

Part III sets out the work of the School Health Service, and shows that the work has continued actively during the year. In particular, I would refer members to the section on the work of

the Hersham Child Guidance Clinic, for which I am indebted to Dr. Lindsay, Medical Director. The establishment of this Clinic in February 1966 was a great improvement over the situation during 1965, when only very urgent cases could be referred to the willing, but overworked Clinic at Malden.

The scheme of delegation of the Health and Welfare Services to this district has now been in operation since the 1st April, 1965. With the heads of various sections under one roof at Esher Lodge, it is easy for members of the public to gain access to the appropriate officer. I have no doubt at all that "delegation" has provided the public with improved services, and that the additional cost has been justified.

Co-operation between members of my staff and our colleagues in other departments is excellent, and this, together with our friendly relations with the staff of the County Council, is helpful to all concerned.

My thanks are due to all who have helped in the preparation of this report, and who have loyally undertaken the work described.

Finally, I wish to thank the Chairman and Members of the Health Committee for their valued support throughout the year.

I am, Ladies and Gentlemen,

Your obedient Servant,

ERIC PEREIRA,

Medical Officer of Health.

PART I

THE ENVIRONMENTAL HEALTH SERVICES

ENVIRONMENTAL HEALTH

POPULATION

The Registrar General's estimate of the population for mid 1966 was 62,650. This may be compared with his estimate of 62,470 for the previous year and the census 1961 figure of 60,610.

Births.—During the year 866 live births were registered (440 males and 426 females) compared with 865 in 1965.

The corrected birth rate per thousand population was 15 as in the previous year.

There were 35 premature births and of these 25 survived.

Deaths.—The total number of deaths occurring amongst residents was 670 (318 males and 352 females) compared with 629 in 1965.

The corrected death rate was 10.1 per thousand population compared with 11.7 for England and Wales, and the infant mortality rate was 22.0 per thousand live births compared with 19.0 for the country. The infant mortality, neonatal mortality and still birth rates were all higher than in the previous year. There were 19 infant deaths compared with 15 in 1965. Of the 19 deaths 6 were due to congenital abnormalities, 2 to injuries and 8 to prematurity. All cases of prematurity are carefully considered with a view to preventing a recurrence. The illegitimate infant death rate is also higher since there were 2 such deaths compared with 1 in 1965 and none in the previous three years.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Services Provided by the Regional Hospital Board. Kingston Hospital is the main general hospital for the district providing both in-patient and out-patient facilities. The catchment area includes Hinchley Wood, The Dittons, East and West Molesey, Claygate and Esher. Cobham and Oxshott come within the Epsom District Hospital Group and the residents are similarly served by the general hospital.

Cases of notifiable infectious disease are normally admitted to Tolworth Isolation Hospital.

In addition the needs of the residents and the general medical practitioners are conveniently met by three small hospitals—Molesey Hospital, Thames Ditton Hospital and Cobham Hospital. Residents also make use of facilities provided by the Teaching Hospitals in the London area.

Laboratory Services.—The laboratories of the Kingston and Epsom Hospitals are available for examination of specimens sent in by general practitioners.

The Ministry of Health, Public Health Laboratory, Epsom, is available for the examination of any pathological specimens and the bacteriological examination of samples of milk, ice-cream, and water. The staff of the Laboratory are prepared to advise and assist the Medical Officer of Health in cases of outbreak of communicable disease.

Mortuary Service.—A mortuary located within the grounds of Epsom Hospital covers the needs of the district and for this service an annual payment is made to the Authority concerned.

During the year 78 bodies were received in Epsom Mortuary from this district.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Smallpox.—Routine surveillance of persons returning to this country after visiting an area where smallpox is endemic has continued as necessary. The numbers of vaccinations and re-vaccinations given in the table refer mainly to children and do not include the considerable number of adults re-vaccinated prior to travel abroad. Official authentication of international vaccination certificates continues to occupy an appreciable amount of time of the clerical staff.

Acute Encephalitis.—Two children of school age suffered from acute encephalitis as a complication of measles. This is a very serious complication which does not often occur. Fortunately both children responded to treatment and made satisfactory recoveries.

Measles.—218 cases were notified as compared with 864 in 1965 which was an epidemic year. Apart from the two cases mentioned above, treatment in hospital was not required.

Dysentery.—39 cases were notified and in each case the infecting organism was *Shigella sonnei*. In three families there was a number of cases, but otherwise the disease was confined to single individuals and there was no outbreak at any school.

Paratyphoid Fever.—Two cases were notified during the year. One was a young man who had spent a great deal of time in London during the previous weeks when he presumably became infected. The source of infection was not traced and there were no secondary cases amongst his close contacts.

The other was a young girl who had spent the previous two weeks at a hostel in Paris. Three other girls who had stayed at the same hostel were found to be suffering from paratyphoid fever. On enquiry it was found that our young patient had suffered a mild illness lasting 3 days which commenced four days after her return

from Paris. In the circumstances she was excluded from her boarding school. Bacteriological investigation revealed that she was, in fact, infected with *Salmonella paratyphi B*. Some few weeks elapsed before it was possible to certify her free from infection and fit to return to school.

VACCINATION AND IMMUNISATION

The scheme of immunising infants and children against diphtheria, whooping cough, tetanus, poliomyelitis and smallpox, is primarily the concern of the Public Health Nurse, and is uniform throughout the district. Parents are urged to bring their children to the clinics, or to take them to their own doctors, for injections at appropriate times, and any who fail to comply are referred to the Health Visitor for follow up. The system is very thorough and persistent, and generally the parents are most co-operative. By these means a high state of immunity is obtained amongst the children.

Vaccination against smallpox is offered soon after the first birthday. At this age the child seems to be little troubled by the procedure, and mothers appear to be accepting this more and more readily.

In the case of poliomyelitis, the oral vaccine is now in use. The first dose is given in the 6th month, and is readily accepted.

Measles vaccination is available for young children over 9 months of age. An injection of killed vaccine is followed four to six weeks later by an injection of live virus. This procedure reduces the incidence of reactions.

At present parents are not persuaded to have their children vaccinated against measles, but it is readily available at the Clinics if they show interest. The reason for this is that it has not yet been ascertained for how long the conferred immunity remains effective.

B.C.G. vaccination against tuberculosis is offered to school children at about 13 years of age. This provides a useful immunity to tuberculosis during the period of adolescence when they are most susceptible. In later years resistance is built up naturally.

In the tables which follow will be found a summary of statistics relating to these and other matters, while the report of the Chief Public Health Inspector presents a summary of the extensive routine visiting and sampling which is carried out in the district. Such vigilance continues to be necessary and indeed the routine work of the Inspectors increases with each successive year.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres)	14,847
Registrar General's estimate of resident population (mid 1966)	62,650
Number of inhabited houses—end of 1966—according to rate books	20,273
Rateable Value	£4,050,105
Product of a penny rate 1966/67	£15,880

Extracts from Vital Statistics:—

	Total	M.	F.
Live births	866	440	426
Legitimate		416	398
Illegitimate		24	28

Live birth rate per 1,000 of the estimated population—13.8

Corrected live birth rate—15.

	Total	M.	F.
Still-births	4	1	3
Legitimate		1	3
Illegitimate		—	—

Still-births rate per 1,000 live and still-births—4.6.

	Total	M.	F.
Total live and still-births	870	441	429
Legitimate		417	401
Illegitimate		24	28

	Total	M.	F.
Infant deaths (under 1 year of age)	19	12	7
Legitimate		11	6
Illegitimate		1	1

Infant mortality rate per 1,000 live births—22.0

Infant mortality rate per 1,000 legitimate live births—20.8

Infant mortality rate per 1,000 illegitimate live births—38.3

	Total	M.	F.
Neo-natal (first four weeks) mortality	14	9	5
Legitimate		9	5
Illegitimate		—	—
Rate per 1,000 live births—16.2.			

	Total	M.	F.
Early Neo-natal Mortality (under 1 week of age)	14	9	5
Legitimate		9	5
Illegitimate		—	—
Rate per 1,000 live births—16.2			

Illegitimate live births per cent of total live births—6.00

Maternal deaths (including abortion)—0.00

Maternal mortality rate per 1,000 live and still births—0.00

	Total	M.	F.
Perinatal mortality (still-births and deaths under one week combined)	18	10	8
Rate per 1,000 total live and still-births—20.7			

CAUSES OF DEATH

				M.	F.	Total
1.	Tuberculosis, respiratory	...	...	—	—	—
2.	Tuberculosis, other	...	...	—	—	—
3.	Syphilitic disease	...	...	—	1	1
4.	Diphtheria	...	...	—	—	—
5.	Whooping cough	...	...	—	—	—
6.	Meningococcal infections	...	...	—	—	—
7.	Acute poliomyelitis	...	...	—	—	—
8.	Measles	...	...	—	—	—
9.	Other infective and parasitic diseases			1	—	1
10.	Malignant neoplasm, stomach	...		11	9	20
11.	„ „ lung, bronchus	...		27	10	37
12.	„ „ breast	...		—	12	12
13.	„ „ uterus	...		—	7	7
14.	Other malignant and lymphatic neoplasms	...		47	36	83
15.	Leukaemia, aleukaemia	...		6	1	7
16.	Diabetes	...		2	2	4
17.	Vascular lesions of nervous system	...		40	47	87
18.	Coronary disease, angina	...		64	56	120
19.	Hypertension with heart disease	...		5	5	10
20.	Other heart disease	...		25	48	73
21.	Other circulatory disease	...		10	22	32
22.	Influenza	...		1	1	2
23.	Pneumonia	...		18	28	46
24.	Bronchitis	...		17	7	24
25.	Other diseases of respiratory system	...		4	1	5
26.	Ulcer of stomach and duodenum	...		3	4	7
27.	Gastritis, enteritis and diarrhoea	...		1	3	4
28.	Nephritis and nephrosis	...		2	2	4
29.	Hyperplasia of prostate	...		3	—	3
30.	Pregnancy, childbirth, abortion	...		—	—	—
31.	Congenital malformations	...		5	3	8
32.	Other defined and ill-defined diseases			14	32	46
33.	Motor vehicle accidents	...		4	4	8
34.	All other accidents	...		3	7	10
35.	Suicide	...		4	4	8
36.	Homicide and operations of war	...		1	—	1
Total				318	352	670

DEATHS—AGE GROUPS

	Under 4 weeks	4 weeks and under 1 year	1—4	5—14	15—24	25—34	35—44	45—54	55—64	65—74	75 and over	Total
MALES ...	9	3	2	2	3	2	5	26	59	92	115	318
FEMALES ...	5	2	—	—	4	2	6	18	43	75	197	352
TOTAL ...	14	5	2	2	7	4	11	44	102	167	312	670

STATEMENT SHOWING WHERE DEATHS OCCURRED

In this district	...	...	...	...	360
Hospitals outside district	...	...	...	...	366
Died in other districts	...	...	...	...	44
					670

CAUSES OF DEATH OF INFANTS

	Total number of deaths			Age at death	
Congenital abnormalities	1 minute; 10 hrs; 45 minutes; 2 days (2); 2 months.	
Broncho pneumonia	4 months.	
Prematurity	45 minutes; 6 hours (2); 12 hours; 13 hours; 22 hours; 1 day; 5 days.	
Laceration of brain following fracture of skull received by misadventure	3 months.	
Rupture of liver and multiple body injuries (battered baby)	3 months.	
Bronchitis	3 months.	
Cerebral haemorrhage	20 minutes.	

ILLEGITIMATE BIRTHS

	1959	1960	1961	1962	1963	1964	1965	1966
No. of illegitimate births	26	29	35	25	53	33	45	52
No. of illegitimate deaths under 1 year	2	2	2	0	0	0	1	2
Illegitimate death rate	76.9	68.9	57.1	00.0	00.0	00.0	22.1	38.3

COMPARATIVE STATISTICS—1966

	Rate per 1,000 Population Live Births	Rate per 1,000 (Total Live and Still) Stillbirths	Rate per 1,000 Population Deaths (All ages)	Rate per 1,000 Related Live Births Deaths (Under one year)	Neonatal Mortality (Under 4 weeks) Live Births
England and Wales ...	17.7	15.3	11.7	19.0	12.9
Esher	15.0	4.6	10.1	22.0	16.2

PREMATURE LIVE BIRTHS — 1966

	Born at Home or in a Nursing Home				Premature Stillbirths	
	Nursed entirely at Home or in a Nursing Home		Transferred to Hospital on or before 28th day.			
	DIED		DIED		BORN	
	TOTAL BIRTHS	Within 24 Hours of Birth	In 1 and under 7 days	In 7 and under 28 days	In Hospital	At Home or in a Nursing Home
WEIGHT AT BIRTH						
2lb. 3oz. or less ...	3	2	1	—	—	—
Over 2lb. 3oz. up to and including 3lb. 4oz. ...	6	2	—	1	—	—
Over 3lb. 4oz. up to and including 4lb. 6oz. ...	6	1	1	—	—	—
Over 4lb. 6oz. up to and including 4lb. 15oz. ...	4	—	—	—	—	—
Over 4lb. 15oz. up to and including 5lb. 8oz. ...	16	1	1	—	4	—
TOTAL ...	35	6	3	1	1	4

Note: of the 10 premature infants who died the actual cause of death in 2 cases was congenital abnormality.

NOTIFICATION OF INFECTIOUS DISEASES 1966

DISEASES	AGE GROUPS														Over 65
	Under														
	Total	1	2	3	4	5—9	10—14	15—19	20—24	35—44	45—65	65			
Acute encephalitis	2	—	—	—	—	2	—	—	—	—	—	—	—	—	
Acute pneumonia	3	—	—	—	—	—	—	1	1	—	—	—	1	—	
Dysentery	39	2	6	—	—	13	2	—	10	—	—	—	—	—	
Erysipelas	2	—	—	—	—	—	—	—	—	—	—	—	2	—	
Measles	218	3	31	32	31	95	6	4	1	—	—	—	—	—	
Paratyphoid	2	—	—	—	—	—	—	2	—	—	—	—	—	—	
Puerperal Pyrexia	1	—	—	—	—	—	—	—	1	—	—	—	—	—	
Scarlet fever	15	—	1	—	3	10	1	—	—	—	—	—	—	—	
Tuberculosis—respiratory	14	—	—	—	—	1	—	2	3	—	—	—	4	4	
Tuberculosis—other	1	—	—	—	—	—	—	—	—	—	—	—	1	—	
Whooping cough	10	2	2	2	—	4	—	—	—	—	—	—	—	—	
Total	307	7	15	40	34	40	125	9	9	16	—	—	8	4	

16

WARDS

	Total	Claygate	Cobham	East Molesey	Esher	Hinchley Wood	Long Ditton	Oxshott D'Abernon	Stoke Ditton	Thames Ditton	West Molesey
Acute encephalitis	2	—	—	—	—	—	—	1	—	—	1
Acute pneumonia	3	—	—	1	—	—	1	—	—	1	—
Dysentery	39	2	1	12	—	—	—	1	1	2	20
Erysipelas	2	—	—	—	1	—	—	—	—	—	1
Measles	218	22	31	11	33	14	9	29	—	18	51
Paratyphoid	2	—	—	1	1	—	—	—	—	—	—
Puerperal Pyrexia	1	—	—	—	—	—	—	—	—	—	1
Scarlet fever	15	—	5	1	1	—	—	3	—	3	2
Tuberculosis—respiratory	14	1	5	4	—	—	—	1	—	1	2
Tuberculosis—other	1	—	—	—	—	—	—	—	—	—	1
Whooping cough	10	—	2	4	—	—	2	—	—	—	2
Total	307	25	44	34	36	14	12	35	1	25	81

NUMBER OF NOTIFICATIONS RECEIVED YEARLY DURING THE PAST FIVE YEARS

				1961	1962	1963	1964	1965	1966
Acute encephalitis	...	...	...	—	—	1	—	—	2
Acute poliomyelitis	...	...	...	1	1	—	—	—	—
Acute pneumonia	...	...	...	20	2	7	1	4	3
Diphtheria	...	...	...	—	—	—	—	—	—
Dysentery	...	...	...	2	13	34	19	79	39
Erysipelas	...	...	...	2	—	6	3	1	2
Food Poisoning	...	...	...	—	—	—	—	—	—
Malaria	...	...	...	—	—	—	—	—	—
Measles	...	...	...	1,046	138	800	365	864	218
Meningococcal infection	...	...	...	—	—	—	—	—	—
Ophthalmia neonatorum	...	...	...	—	—	—	—	—	—
Paratyphoid fever	...	...	...	—	1	—	1	1	2
Puerperal pyrexia	...	...	...	—	—	—	—	1	1
Scarlet fever	...	...	...	11	6	35	28	23	15
Tuberculosis (all forms)	...	...	...	16	25	15	17	10	15
Typhoid fever	...	...	...	—	—	1	—	1	—
Whooping cough	...	...	...	29	12	27	26	9	10

NOTIFICATIONS RECEIVED MONTHLY DURING 1966

Month	Acute encephalitis	Acute pneumonia	Dysentery	Erysipelas	Measles	Paratyphoid fever	Puerperal pyrexia	Scarlet fever	Tuberculosis— respiratory	Tuberculosis— other	Whooping cough	Total
January	—	1	—	—	4	—	1	—	1	1	1	9
February	—	2	—	—	13	1	—	3	1	—	—	20
March	—	—	—	1	55	—	—	2	1	—	—	59
April	—	—	1	—	5	—	—	2	2	—	1	11
May	—	—	—	—	16	1	—	4	2	—	2	25
June	1	—	3	—	23	—	—	2	2	—	—	31
July	1	—	10	—	40	—	—	1	2	—	—	54
August	—	—	10	—	7	—	—	—	—	—	1	18
September	—	—	—	—	2	—	—	—	2	—	2	6
October	—	—	1	—	5	—	—	—	1	—	—	7
November	—	—	4	—	11	—	—	1	—	—	3	19
December	—	—	10	1	37	—	—	—	—	—	—	48
Total	2	3	39	2	218	2	1	15	14	1	10	307

DIPHTHERIA IMMUNISATION

Number of children immunised for the first time during the year 1966: —

(a) Pre-school children (under 5 years)	737
(b) Between 5 and 15 years	18

Number of children given reinforcing doses during 1966: 1,565.

Total number of children immunised during last five years:—

(a) Under 5 years	6,134
(b) Between 5 and 15 years	5,780

VACCINATION AGAINST SMALLPOX 1966

Analysis of vaccinations of children at Welfare Centres and Private Doctors' Surgeries: —

Primary Vaccination	644
Revaccination	76
	720

TETANUS IMMUNISATION

	AGE		
	At date of final injection		
	0-4 years	5-14 years	Total
Number of children who have completed a primary course of three injections whether single or combined during the year ended 31st December, 1966	744	39	783
Number of children who received a reinforcing dose	533	1,069	1,602

WHOOPING COUGH IMMUNISATION

Number of children who have completed a primary course of 3 injections during the year ended 31st December, 1966 — 731.

Number of children given a reinforcing dose — 155.

POLIOMYELITIS VACCINATION

					Number of Persons who completed a Primary Course of Treatment in 1966.
Age Group—Born in					
1966	...	...	...	...	184
1965	...	...	...	...	552
1964	...	...	...	...	38
1963	...	...	...	...	21
1959/62	...	...	...	...	42
Others	...	...	...	...	41
					878

In addition 980 reinforcing doses were given during the year.

State of Immunity.—Owing to the extreme difficulty of knowing accurately the child population at various ages no attempt is now made to calculate the percentage immunised.

However, a check carried out on a group of school entrants showed that over 95 per cent had been satisfactorily protected against diphtheria, whooping cough and poliomyelitis.

Vaccination against Measles.—The County Council has a scheme for immunising young children against measles, but this only commenced in September.

During the year 30 children were given a course of two injections.

Vaccination against Tuberculosis.—This is reported more fully in the School Health Section.

430 children were given B.C.G. during the year.

TUBERCULOSIS

Notifications

Respiratory Tuberculosis.

Fourteen cases of respiratory tuberculosis were notified during the year, viz: —7 males and 7 females. The corresponding figure for 1965 was 9.

Non-Respiratory Tuberculosis.

One new case of non-respiratory tuberculosis was notified during the year and there was no death from this cause. One case was notified in 1965.

Analysis of Cases and Deaths for 1966

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0-4	—	—	—	—	—	—	—	—
5-14	—	1	—	—	—	—	—	—
15-24	—	3	—	—	—	—	—	—
25-44	1	1	—	—	—	—	—	—
45-64	3	2	—	1	—	—	—	—
65 & upwards	3	—	—	—	—	—	—	—
Totals	7	7	—	1	—	—	—	—

TUBERCULOSIS

Year	Estimated population	New Cases				Deaths			
		Respiratory		Other		Respiratory		Other	
		No.	Rate per 1,000 population	No.	Rate per 1,000 population	No.	Rate per 1,000 population	No.	Rate per 1,000 population
1935	38,350	25	0.65	2	0.05	15	0.38	4	0.10
1940	45,270	31	0.68	4	0.08	25	0.55	1	0.02
1945	44,060	41	0.93	11	0.24	22	0.49	2	0.04
1950	51,500	28	0.54	2	0.04	10	0.19	1	0.02
1955	53,630	24	0.44	7	0.13	3	0.05	1	0.01
1960	57,850	11	0.19	2	0.03	5	0.08	0	0.00
1965	62,470	9	0.14	1	0.01	1	0.01	0	0.00
1966	62,650	14	0.22	1	0.01	0	0.00	0	0.00

TUBERCULOSIS REGISTER

	Pulmonary		Non-pulmonary		Total	
	M.	F.	M.	F.	M.	F.
Number of cases on register 1st January, 1966	79	54	2	12	81	66
New cases notified	7	7	1	—	8	7
Cases moved into district	6	7	—	—	6	7
TOTAL	92	68	3	12	95	80
Deaths from tuberculosis	—	—	—	—	—	—
Deaths from other causes	1	1	—	—	1	1
Removed from district	1	6	—	—	1	6
Recovered	8	5	—	—	8	5
TOTAL REMOVED FROM REGISTER	10	12	—	—	10	12
Number of cases on register 31st Dec, 1966	82	56	3	12	85	68

MASS RADIOGRAPHY SERVICE

		Men	Women	Total
General Practitioners' Service				
Number of patients referred ...	...	306	323	629
Cases of Pulmonary Tuberculosis ...	...	2	—	2
Cases of Lung Cancer ...	... ..	4	—	4
Public Mass Radiography Service				
Cases of Pulmonary Tuberculosis ...	...	2,125	2,686	4,811
Cases of Lung Cancer ...	... ..	1	2	3
Cases of Lung Cancer ...	... ..	1	1	2

Employees of Esher Urban District Council referred by Medical Officer of Health as part of medical examination prior to employment—40.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR FOR THE YEAR 1966

*To the Chairman and Members
of the Urban District Council of Esher*

LADIES AND GENTLEMEN,

I have pleasure in submitting my fifth Annual Report, for the year 1966.

This was the first full year in which the Council was an excepted district responsible for the health and welfare services of the community and the co-operation mentioned in my last report between the various services and the Public Health Inspectors has been fully maintained.

The environmental health work of the Public Health Inspectors centres particularly on the housing needs of the community and on matters relating to hygienic food supplies. As the population of the district increases so there is a rise in the number of shops, including food shops, to supply the new residents. Work in these two fields, therefore, shows a continual upward curve on the work load, particularly in view of the fact that improved standards are constantly being introduced.

The Public Health Inspectors are also concerned in the field of consumer protection. Food inspection, and sampling under the Food and Drugs Act, are important examples of this work. Other aspects include the examination of fires for adequate fire guard protection, the purity of rag flock filling materials for furniture etc., the safety of children's nightdresses in relation to fire resistance and the most recent addition to consumer protection legislation is the Stands for Carry-Cots (Safety) Regulations, 1966, which came into force on 1st February, 1967.

Satisfactory progress was made in dealing with unfit houses by means of Closing or Demolition Orders. The worst of these types of premises have now been dealt with. Work in connection with improvement grants for other older premises with an expectation of life of at least fifteen years is being pressed forward.

May I conclude by thanking the Chairman of the Public Health Committee, Members of the Council, Dr. Eric Pereira, the Medical Officer of Health, Officers in other Departments, including Messrs. Moir and Palgrave, Public Analysts, for valued support and co-operation, and the staff for their hard work during the year.

I am, Ladies and Gentlemen,

Your obedient Servant,

F. L. BARKER,

Chief Public Health Inspector.

INSPECTION OF DISTRICT

ANALYSIS OF VISITS

Premises inspected	...	...	...	...	...	...	...	714
Premises reinspected or works in progress	...	...	...	...	...	...	...	1,216
Drains tested	...	...	...	...	...	...	...	16
Infectious disease	...	...	...	...	...	...	...	111
Disinfection	...	...	...	...	...	...	...	3
Food premises	...	...	...	...	...	...	...	263
Food inspection	...	...	...	...	...	...	...	143
Food and Drugs sampling	...	...	...	...	...	...	...	187
Milk Sampling	...	...	...	...	...	...	...	24
Ice cream	...	...	...	...	...	...	...	34
Water supply or sampling	...	...	...	...	...	...	...	28
Shops Act 1950	...	...	...	...	...	...	...	6
Factories (powered)	...	...	...	...	...	...	...	25
Factories (non-powered)	...	...	...	...	...	...	...	10
Stables and piggeries	...	...	...	...	...	...	...	13
Ponds, ditches, accumulations	...	...	...	...	...	...	...	79
Petroleum storage	...	...	...	...	...	...	...	135
Caravans	...	...	...	...	...	...	...	12
Rats and mice, etc. (visits by Pests Officer)	...	...	...	...	...	...	...	4,347
Disinfestation	...	...	...	...	...	...	...	182
Clean Air Act	...	...	...	...	...	...	...	97
Air Pollution research	...	...	...	...	...	...	...	307
Noise	...	...	...	...	...	...	...	127
Pet Animals and Animal Boarding Kennels	...	...	...	...	...	...	...	23
Old Persons Welfare	...	...	...	...	...	...	...	175
Pigeons	...	...	...	...	...	...	...	50
Offices	...	...	...	...	...	...	...	147
Retail Shops	...	...	...	...	...	...	...	561
Wholesale Shops and Warehouses	...	...	...	...	...	...	...	16
Catering Establishments	...	...	...	...	...	...	...	28
Miscellaneous	...	...	...	...	...	...	...	563
Consumer Protection	...	...	...	...	...	...	...	22
Riding Establishments	...	...	...	...	...	...	...	1
Hairdressing Establishments	...	...	...	...	...	...	...	8

HOUSING, DRAINAGE AND WATER SUPPLY

Included in this item of the report, in tabulated form, are details of action taken following inspection or complaint in respect of damp conditions, unsatisfactory drainage, and other defects in dwelling houses.

Action taken in respect of totally unfit houses is summarised under the section headed "Unfit Houses."

Applications and certificates given under the Rent Act 1957 are also tabulated.

Structurally sound houses, whatever their age, must certainly serve as accommodation for families in the district for a long time to come, and it is essential, therefore, that improvement of such premises where basic amenities are lacking, should go hand in hand with the work of clearing those properties which are unfit for habitation and not repairable at reasonable expense.

Efforts have been continued during the year to encourage owners to take advantage of improvement grants and it is a little disappointing to note that the number of completed grants has only risen marginally over 1965.

The number of completed improvements, where grant has been paid by the Council over the last four years, is as follows: 1963—43, 1964—52, 1965—72, 1966—78.

The Housing Act 1964 gave tenants the opportunity of applying to the Council for compulsory improvement of the dwelling in which they live, based on the five point standard normally associated with Standard Improvement Grants, i.e., bath, wash-hand basin, hot water system, inside water closet and ventilated food store.

The procedure under the Act is long and somewhat cumbersome, nevertheless every opportunity is given to the owner of the property to discuss the application and apply for a voluntary improvement grant before an immediate improvement notice is served. When such a notice is served it gives a 12 month period during which time the work must be completed. Thereafter the Council may carry out the work and recover the cost thereof in full from the owner. Providing the owner does the work within the time allowed, however, a grant can be obtained in the normal way.

Under the Housing Act 1964 the Council are also entitled to declare "Improvement Areas" where there are groups of properties which merit improvement. Whilst such action must eventually be applied where other methods have failed, the policy of the Council so far is to encourage owners to apply voluntarily for grants in respect of those houses needing improvement and publicity on these lines has been undertaken.

The water supply of the area is governed by two statutory bodies, and is excellent in quality and quantity. The Water Companies are constantly sampling the water, both from chemical and bacteriological points of view, therefore routine sampling by this Department is not considered necessary, and sampling is carried out only when there is a special reason for so doing.

The water supplied is not plumbo-solvent.

All the dwelling houses in the district have a piped supply direct to the houses from public water mains.

The natural fluoride content of the two supplies in the Urban District is as follows:—

Metropolitan Water Board	...	...	0.20 parts per million
East Surrey Water Company	...	...	0.15 " " "

STATISTICS

No. of houses built by the Council during 1966	...	...	...	104
No. of houses built by private enterprise during 1966	...	...	...	374
No. of Council houses under construction	...	...	...	4
No. of private houses under construction	...	...	...	233
No. of dwellings provided by conversion	...	...	...	4

COMPLAINTS

The number of complaints received in respect of housing and drainage matters was	138
---	-----

NOTICES SERVED

Informal Notices (written and verbal) in respect of housing and drainage matters	100
Housing Act, 1957, Section 16, Notices of Time and Place for consideration of condition of house	8
Housing Act, 1957, Section 17, Orders for closing of houses	9
Housing Act, 1957, Section 170 and Public Health Act, 1936, Section 277 Notices requiring information as to ownership of premises	74
Housing Act, 1961, Section 15, Notice requiring execution of works to render premises reasonably suitable for occupation by the persons or households occupying them	1
Housing Act, 1961, Section 16, Notice requiring the provision of satisfactory means of escape from fire in house in multi occupation	1
Housing Act, 1964, Section 19 (2), Notification of Representations made in respect of dwellings for improvement	33
Housing Act, 1964, Section 19, Preliminary Notice of Local Authorities' proposals for improvement of dwellings	2
Public Health Act, 1936, Section 39, Notices to drain buildings	16
Public Health Act, 1936, Section 45, Notice requiring repair of defective closets	1
Public Health Act, 1936, Section 56, Notices by Local Authority requiring the paving and draining of a yard etc.	2
Public Health Act, 1936, Section 93, Abatement Notices in respect of nuisances	9

HOUSE REPAIRS

Ceilings renewed or repaired	3
Chimney stacks repaired or renewed	3
Damp-proof course inserted or repaired	4
Doors and frames renewed or repaired	4
Eavesgutters and rainwater pipes renewed or repaired	19
Fireplaces and ranges provided or repaired	6
Floors and skirtings renewed or repaired	12
Roofs—stripped and re-roofed or repaired	24
Sinks—new provided and fixed	3
Staircases renewed or repaired	1
Walls, external—repaired or reconstructed	6
Walls—dampness remedied	21
Walls—internal plaster renewed or repaired	18
Windows—sashes renewed or repaired	8
Windows—frames and cills renewed or repaired	6
Windows—reveals repointed	5
Windows—sash cords or glazing putty renewed	19
Yards or passages repaired or resurfaced	2
Supply pipes to taps renewed or repaired	1

DRAINAGE WORKS

Cesspools repaired or provided	2
Drains cleared	19
Drains relaid or repaired	8
Inspection chambers provided or repaired	3

Inspection chambers—covers and frames renewed or repaired	...	...	...	...	5
Surface water drains provided or repaired	...	...	...	...	2
Waste pipes renewed or repaired	...	...	...	...	3
Fresh air inlet renewed or repaired	...	...	...	...	1

WATER CLOSETS

Flushing cisterns renewed or repaired	...	...	...	...	2
Pans renewed	...	...	...	...	1

UNFIT HOUSES

Two five-year programmes dealing with unfit houses have been completed, 1956 to 1960 inclusive, and 1961 to 1965 inclusive. The drawing up of these programmes followed Ministry instructions and undoubtedly much of the district's bad housing has been dealt with. Deterioration of houses, however, is a continuous process, and whilst no instructions have been issued by the Ministry for a new programme containing a definite target, this Council are still pursuing a steady rate of progress in dealing with those properties which are unfit. The allocation of twenty council houses per year for rehousing purposes is of considerable assistance when dealing with property due for demolition, and whilst this allocation has not been taken up each year, it has enabled the Public Health Inspectors to carry out their responsibilities under the Housing Acts in respect of the unfit houses.

It is not always easy to decide on the point at which it becomes more worthwhile to replace a house than to improve it.

Housing standards must continue to improve and it is very important from this district's point of view, progressively to raise housing standards so as to maintain the character and amenities of the area.

The position with regard to action under the Housing Acts at 31st December, 1966, was as follows:—

Houses demolished during 1966	...	...	...	...	1
Houses where demolition orders operative	...	...	...	...	13
Houses acquired by the Council awaiting demolition	...	...	...	...	5
Houses closed	...	...	...	...	8
Houses where Closing Orders operative	...	...	...	...	3
Houses in confirmed Clearance Areas	...	...	...	...	30
Houses in proposed Clearance Areas	...	...	...	...	14
Premises where undertakings given not to use as dwellings	...	...	...	...	6
Houses where action has commenced	...	...	...	...	11

RENT ACT 1957 (First Schedule)

PART 1—Applications for Certificates of Disrepair.

(1) Number of applications for certificates	...	...	...	4
(2) Number of decisions not to issue certificates	...	...	...	—
(3) Number of decisions to issue certificates	...	...	...	4
(a) in respect of some but not all defects	...	...	2	
(b) in respect of all defects	...	...	2	
(4) Number of undertakings given by landlords under paragraph 5 of the First Schedule	...	...	...	2

(5) Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	—
(6) Number of certificates issued	2

PART 2—Applications for Cancellation of Certificates.

(7) Applications by landlords to Local Authority for cancellation of certificates	—
(8) Objections by tenants to cancellation of certificates ...	—
(9) Decisions by Local Authority to cancel in spite of tenant's objection	—
(10) Certificates cancelled by Local Authority	—

CARAVANS

There are two permanent site licences in force for the stationing of single caravans, but only one site is in use.

One licence was renewed on a yearly basis in respect of another caravan.

SEWERAGE AND SEWAGE DISPOSAL

I am indebted to the Engineer and Surveyor for the following information, the inclusion of which is required by Circular 1/67 from the Ministry of Health.

The sewerage for the Urban District as a whole is reasonably adequate. Exceptions are reported as follows.

Since the last report, agreement has been reached between the Lessees and the Commissioners of Crown Lands for the provision of soil sewerage for some fifty properties on the Crown Estate, Oxshott. It is expected the work will begin very shortly and be completed within six months.

Some further progress has been made with regard to two soil sewerage schemes to serve existing houses in the Esher area, one of which is being introduced as a private scheme. It is, as yet, uncertain whether effective progress is likely during 1967.

Following Ministry approval in principle to the scheme for pumping Cobham sewage to Esher via a new pumping station at Cobham Sewage Works and the extension of the Esher Sewage Works, detail design is now proceeding. It is hoped to commence construction work during the coming year.

During the early part of 1966 a closed circuit television investigation of existing soil sewers in the Claygate area was carried out and some 1700 yards of sewers were inspected. Instances of ground water infiltration at cracks and bad joints were discovered but the results as a whole were not entirely conclusive. Further investigations, including night surveys, have, and are, being carried out. In the past year, reported instances of flooding have not been so prevalent as in previous years.

FOOD AND DRUGS ADMINISTRATION

FOOD SAMPLING

During the year 187 samples of food and drugs were taken and submitted for analysis. The number of samples taken is equivalent to an average of 3 per 1,000 of the estimated population. Of the samples taken which are detailed below 20 were reported upon adversely and this represented 10.7 per cent of the total number.

The Association of Public Analysts, having regard to the apparent increasing public concern regarding the contamination of food stuffs by Pesticide Residues (notably those of organo-chlorine pesticides) prepared a scheme whereby interested Food & Drug Authorities could participate in a systematic survey throughout the country. The survey is intended to run for two years from the 1st August 1966, and its continuation thereafter on a yearly basis will depend upon the results of the first year's sampling. The list of food stuffs sampled will be reviewed annually on the basis of the results each year. In addition to indicating the general level of Pesticide Residues in food stuffs, the survey may bring to light cases where the level of contamination is unusually high. This Authority has been requested to participate in this scheme, and has been asked to take a number of samples of specific food stuffs throughout the year.

As this survey did not commence until August 1966, I am not able to give the results of all the food stuffs sampled. I will, however, report again more fully on this subject in my annual report for 1967.

Samples Taken

Actal, antacid	Cheese crunch with Danish Blue
Almonds, garlic onion	Cheese, Ilchester blended with beer
Anapax cold tablets	Cheese sauce mix
Antacid Digestant tablets, Bi-so-dol	Cheese wafers
Apples, Golden Delicious.	Cherry syrup, Acerola
(Pesticide survey)	Chicken boned in chicken jelly
Apple tart filling	Chicken fillets in chicken jelly
Apricot nectar soft drink	Chili con Carne
Baking powder	Chocolate, drinking, with fat free milk
Batter mix	Chocolate Halva
Beef and vegetable casserole	Chocolate, Nite cup flavoured drink
Beskurits, toasted	Chocolate strands
Bleu cheese salad dressing seasoning	Chocolate unsweetened
Blackcurrant soft drink	Chutney, pineapple
Breadsticks	Coffee
Butter fudge	Coffee concentrate, Viennese
Cake icing mix	Contact cold capsules
Cake glaze	Cornish pasty
Carrots, whole, young	Cream, Double Devon/Danish
(Pesticide survey)	Dairy
Cereal high protein	Cream sterilised

Crispbread, wheat starch reduced
 Currants, washed
 Custard powder
 Custard tart filling
 Crystals, lemonade

Dequadin lozenges
 Diltron
 Dessert, Carmelle
 Dessert, Chiffon
 Dessert powder, chocolate
 Diocalm

Egg noodle and turkey
 Ethnine

Febs—cold relief tablets
 Fish paste, sardine and tomato
 Food colour, holly red
 Flour, wholemeal
 Frost and fill mix
 Fruit, mixed

Garlic French dressing for salads
 Gelatine
 Ginger beer shandy
 Gingerbread mix
 Gristicks

Ham and chicken roll
 Hamburgers fried with gravy and onions
 Hamburger
 Healthvita
 Herring fillets in Rhine wine sauce
 Honey, clover
 Honeycomb mould
 Hot dogs

Ice cream
 Ice lolly mix
 Ice cream mix
 Instant milk set
 Instant millac
 Instant whirl

Jam, raspberry
 Jam, strawberry dream
 Jelly brandy dessert
 Junior vitamins

Krusty Krums

Lancashire hot-pot
 Lemon juice
 Lemon soft drink
 Lemonade shandy
 Lumpfish roes, caviare style
 Loaf, dietary

Macaroni
 Mayonnaise
 Meat, pork luncheon
 Meat spread, smoked
 Meat tenderizer
 Metholated balsalm
 Milk
 Milk, dried non-fat
 Milk, Channel Islands
 Milk, Channel Islands untreated
 Milk, dried full cream
 Milk, evaporated concentrated
 Minced beef and onion with gravy
 Mousse, instant
 Mysaline tablets

Nuts, green in heavy syrup

Oatcakes
 Omelet mix
 Orange juice Florida
 Orange juice, concentrated
 Orange juice, Jaffa
 Orange pie filling
 Orange Squash

Peaches, Elberta
 Peanuts, salted
 Peel, mixed cut
 Pease pudding
 Petits Pois, très fin
 Petrolagar emulsion with phenolphthalein
 Pickle, Boston
 Pickles, chilli
 Pie filling, blackcurrant
 Pork, brawn continental
 Pork, chopped
 Pork pie
 Pork and chicken, Poppin
 Poultry seasoning
 Prawns with cocktail sauce
 Puffs, cheese flavoured

Rice, creamola
 Rice and chicken, fried
 Rissoles
 Roland sticks
 Rumba (soft drink)

Salzletten sticks
 Salad, vegetable
 Saluric tablets
 Salmon spread with butter
 Sauce, Barbecue
 Sauce mix, à la King
 Sauce mix. Hollandaise
 Sauce, vegetable
 Sausages, pork preserved

Shrimp flavoured chips
 Slices, starch reduced
 Slumber cup
 Spaghetti sauce
 Soup mix, green pea
 Soup, chicken mix
 Steak, stewed
 Steak, minced savoury
 Sugared strands
 Sweet tops
 Sweetener, non-sugar
 Syrup, rose hip

Syrup, rose petal
 Table cream, raspberry flavour
 Tablets, Prodexin
 Tart filling, custard flavour
 Tea tippets, small leaf
 Vita cup
 Wafers, dietetic
 Whiskit
 Whisky

Details of the samples reported upon adversely by the Public Analyst: —

Sample No. and Description	Irregularity	Action taken or result
33 (Informal) Orange juice concentrated	The analytical figures were consistent with this article being a sweetened concentrated orange juice, but it was not so described on the label.	Correspondence exchanged with manufacturer who stated that it was not proposed to proceed with this type of pack.
37 (Informal) Petit Pois, très fin	The article consisted of canned garden peas with added salt. The common or usual name was not given and the ingredient salt was not declared.	Swedish manufacturer has sent a satisfactory specimen of the new label to be used.
39 (Informal) Tart filling, custard flavour	Label and descriptive title calculated to mislead. The article consisted of an incomplete mixture, but the necessity to add milk was not declared on the front label.	Manufacturer has written and agreed to amending the label so as to make it clear on the front of the packet that "one pint of milk must be used."
47 (Informal) Instant Whirl	The need for additional milk was not declared on the front panel of the carton.	Letter sent to manufacturer. Negotiations in progress.
60 (Informal) Sauce mix à la King	The generic term "fat preservatives" used on the label as an ingredient is not an appropriate designation.	Correspondence with American manufacturers who are to amend the label.
61 (Informal) Cake glaze	Consisted of a pie filling fruit glaze as judged by the illustration on the package and by the directions.	Importation of the product discontinued.
63 (Informal) Sauce mix Hollandaise	The generic term "fat preservatives" used on the label as an ingredient is not an appropriate designation.	Correspondence with American manufacturers who are to amend the label.

Sample No. and Description	Irregularity	Action taken or result
79 (Informal) Beef minced with onion and gravy	Contained only 30.7% of meat instead of a reasonable minimum of about 50%.	See Sample No. 118.
86 (Informal) Milk, dried non-fat	The milk fat content is slightly above the limit laid down in the Dried Milk Regulations 1964 namely, less than 1.5% and the in- structions for mixing two pints will produce 2 fluid ounces short of 2 pints.	Correspondence with Australian manufacturer who agreed to amend the label.
104 (Informal) Chocolate Dessert Powder	Misleading label. The addi- tional substances, namely milk and sugar, which are required to make a choco- late dessert were not speci- fied on the front of the label.	Correspondence with manufacturers. Negotia- tions not completed at end of year.
105 (Informal) & Frost and Fill 107 Mix	Misleading label. To make frosting mix and filling the addition of butter or other fat is required. This neces- sity was not stated on the front panel of the container.	Manufacturers have ag- reed to alter the labels.
109 (Informal) Custard tart filling	Misleading label. The addi- tional substance, namely milk, which was required to make a tart filling was not specified on the front panel of the container.	Manufacturers have ag- reed to alter the labels.
110 (Informal) Orange pie filling	Misleading label. Egg and sugar were additional sub- stances required to make the filling, but they were not specified on the front panel of the container.	Legal opinion holds that label is not misleading.
118 (Formal) Minced beef and onion with gravy	Deficient in meat. Contain- ed only 32 per cent in- stead of a reasonable mini- mum of 50 per cent.	Legal considerations re- quire that a further sam- ple be taken.
119 (Informal) Hamburger, Poppin	Contained sulphur dioxide which was not declared specifically as an ingredient.	Manufacturers are amending recipe so as to exclude any preserva- tive.
120 (Informal) Pork and Chicken, Poppin	Contained sulphur dioxide which was not declared specifically as an ingredient.	Manufacturers are re- printing labels so as to include a reference to sulphur dioxide being used as a preservative.

Sample No. and Description	Irregularity	Action taken or result
142 (Informal) Instant Millac	Faulty labelling. The contents were only sufficient to make 6.1 pints of liquid Millac instead of the 8 pints claimed on the label.	Letter to manufacturers re contravention. Negotiations in progress at end of year.
151 (Informal) Salzletten sticks	Labelling fault. One of the ingredients was specified on the label as "vegetable shortening," but this is a generic and not a specific description.	Correspondence with German manufacturers. Matter not resolved at end of year.
164 (Informal) Lancashire hot pot	Labelling fault. One of the ingredients was specified as "seasoning" but this is a generic and not a specific description.	Letter sent to manufacturers. Acknowledgement received, and label will be amended.

FOOD INSPECTION

The following is a list of diseased or otherwise unsound meat and other foods which were inspected and surrendered from food premises in the district and destroyed as being unfit for human consumption: —

	lb.		lb.
Beef	166½	Kidneys	10
Beef (corned)	18	Peanuts	336
Butter	28	Peanut flakes	28
Fish (wet)	134	Pigs' Melts	28
Frozen Goods	134½	Sausages	16½
Fruit	20½	Stewed steak	77
Ham (tinned)	10½	Steak in gravy	1¾
Ham (cooked)	11	Tomatoes	4½
Lamb	110	Orange juice	31 tins
Frozen goods	1,745 pkts.	Ice cream Briquettes	60 units

COMPLAINTS AND LEGAL PROCEEDINGS

Forty-seven articles of food or drink complained about by members of the public were examined by the Inspectors or sent for analysis.

A number of the complaints were reported to the Health Committee and some warning letters were sent. In respect of the following articles proceedings resulted: —

Chicken & Ham Pie.—The contents of the pie were in a state of decomposition. The retailer was fined £20 and the Council received £3 3s. in costs.

Pork Pie.—The pie was found to be mouldy. The retailer was fined £15 and the Council received £3 3s. in costs.

Milk.—A one pint bottle of milk was found to contain a piece of wire. The dairy was fined £50 and the Council awarded £5 5s. costs.

MILK AND DAIRIES REGULATIONS

Dealers' Licences

The following numbers of Dealers' Pre-packed Milk Licences were in force at the end of 1966: —

Licences to use the designation "Pasteurised"	...	...	26
Licences to use the designation "Sterilised"	...	...	16
Licences to use the designation "Untreated"	...	...	15
Licences to use the designation "Ultra Heat Treated"	...	...	4
Number of Milk Distributors registered in the area	...	...	4
Number of premises registered as Dairies (not being Dairy Farms)	...	...	4

Milk Sampling

The number of milk samples taken and submitted for the phosphatase and methylene blue tests, to check the efficiency of pasteurisation, was 33. They were all satisfactory.

One sample of sterilised milk was sent for the turbidity test and this was satisfactory.

Brucella Abortus

Tests for the presence of this organism were made in respect of 2 samples of untreated milk and 4 samples of cream made from untreated milk. The cream was produced within this district but the supplies of untreated milk came from outside the urban district. All the tests proved negative.

Dirty Milk Bottles

Legal proceedings were taken on five occasions in respect of dirty bottles.

Because of the requirements of the Milk & Dairies Regulations, such cases must be heard in the district where the milk is bottled.

The following cases were heard in the South-West London Magistrates' Court: —

(i) and (ii) Two bottles each with iron particles and iron oxide fixed to the glass of the bottle. The Dairy was fined £60 and the Council received £10 costs in each case.

(iii) Dried up milk solids and mould fixed to the glass of the bottle. The Dairy was fined £60 and the Council received £10 10s. costs.

(iv) Black deposits of carbon on the glass of the bottle. The Dairy was fined £80 and the Council received £10 10s. costs.

(v) A green algal growth was found on the glass of the bottle. The Dairy was fined £45 and the Council received £10 costs.

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

The following table shows the number of food premises in the district which are subject to these regulations: —

Bakers	...	...	...	...	...	...	...	20
Butchers	...	...	...	...	...	...	...	34
Clubs	...	...	...	...	...	...	...	57
Confectioners	...	...	...	...	...	...	...	58
Fishmongers	...	...	...	...	...	...	...	17
Food Factories	...	...	...	...	...	...	...	3
Greengrocers	...	...	...	...	...	...	...	35
Grocers	...	...	...	...	...	...	...	101
Hotels and Public Houses	...	...	...	...	...	...	...	60
Restaurants, Cafes, etc.	...	...	...	...	...	...	...	34
Schools	...	...	...	...	...	...	...	33
Works Canteens	...	...	...	...	...	...	...	35
Total	...	...	...	...	...	...	...	487

All these premises are fitted with sinks and wash-hand basins together with hot and cold water supplies in accordance with regulations numbers 16 and 19 of the Food Hygiene Regulations.

ICE CREAM

During the year 23 samples were submitted for bacteriological examination (Methylene Blue Test). The results were as follows: —

No. of samples	Provisional grade	Rate % of the total number of samples taken
18	1	78.26
3	2	13.04
1	3	4.35
1	4	4.35

Prepacked ice-cream does not as a rule give rise to trouble from the bacterial point of view. Attention is therefore mainly directed to food premises which have their ice-cream in bulk containers. One Notice under Section 19 of the Food & Drugs Act, 1955 was served for an applicant to show cause why the registration of a premises for the sale and storage of ice-cream should not be refused or cancelled. Subsequently work was done to the premises to comply with the Act and the licence was granted.

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

There are no egg pasteurisation plants in this district.

Three samples of frozen liquid egg were taken for the Alpha-Amylase test to check the efficiency of pasteurisation and these were found to be satisfactory.

LICENSING OF SLAUGHTERMEN

Whilst no slaughtermen are employed in this area, there was one on the Register who received a licence for the year.

CLEAN AIR ACT 1956

MEASUREMENT OF AIR POLLUTION

Observations have been continued at Molesey and Thames Ditton volumetric stations and the average results are shown in the tables for the year 1966.

NATIONAL SURVEY OF ATMOSPHERIC POLLUTION

MOLESEY

MICROGRAMMES PER CUBIC METRE

SMOKE

SULPHUR DIOXIDE

		Monthly Average	Highest Value	Lowest Value	Monthly Average	Highest Value	Lowest Value
January	...	138	362	19	207	396	51
February	...	48	91	15	96	315	27
March	...	73	151	6	85	202	22
April	...	24	75	10	113	183	40
May	...	16	36	5	50	121	22
June	...	12	32	1	45	141	12
July	...	10	29	4	32	92	13
August	...	14	52	2	52	159	8
September	...	41	104	4	116	363	13
October	...	26	70	7	83	192	26
November	...	29	74	11	140	320	20
December	...	26	86	10	97	368	32

THAMES DITTON

January	...	107	276	22	180	281	46
February	...	39	84	7	97	277	26
March	...	45	153	4	95	235	34
April	...	29	54	10	111	183	34
May	...	10	28	2	46	116	18
June	...	10	27	2	41	119	12
July	...	6	12	2	33	68	18
August	...	6	17	2	46	137	12
September	...	29	73	2	106	333	13
October	...	22	80	3	84	192	26
November	...	21	65	7	135	278	19
December	...	19	53	4	102	438	45

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Most of the premises registered under the Act have received their preliminary inspections and some 160 notices which were sent concerning breaches of the Act have been complied with.

New registrations continue to arrive from new premises and others that have changed their type of business. Selective Employment Tax has undoubtedly influenced the numbers employed in some premises and in future it may well happen that shops will fall into two distinct categories — family businesses without employees which fall outside the scope of the Act and large multiple shops most of whom provide their staffs with ample facilities.

Following the report of an accident to a member of the outside staff of a large office in the district where a tractor was involved it was realised that apart from the grounds of offices, a good many employees on private sports grounds and golf courses who use potentially dangerous machines, tractors and grass cutting machines are not covered by this Act or the Agricultural Safety Acts. It was thought that this position could receive further consideration. There are upwards of 20 such places in this district where employees are not covered by any safety code.

In many cases it has been found that the facilities for employees eating meals in shops are minimal. It would be desirable for both shops and offices where there is a reasonable number employed to have a proper staff room where employees can take their meals in peace away from the normal working routine which may still be going on. In this respect there would appear to be a weakness in the requirement of the Act.

The first table following is the annual report made to the Ministry of Labour.

The second table is an analysis of accidents which have been reported over the twelve months.

The third table shows the analysis of contraventions found during the inspection of premises and in respect of which notices have been sent.

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Annual report made to the Ministry of Labour for the period
1st January to 31st December, 1966: —

TABLE I

A. REGISTRATIONS AND GENERAL INSPECTIONS

Class of Premises	Number of premises registered during the year	Total number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	19	140	51
Retail shops	33	337	95
Wholesale shops, warehouses ...	—	7	3
Catering establishments open to the public, canteens	1	42	9
Fuel storage depots	—	—	—
Totals	53	526	158

**B. NUMBER OF VISITS OF ALL KINDS BY INSPECTORS
TO REGISTERED PREMISES, 698**

C. ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

[illegible]

TABLE II
ANALYSIS OF REPORTED ACCIDENTS

	Offices	Retail Shops	Wholesale Warehouses	Catering establishments open to public, canteens	Fuel Storage Depots
Machinery	1	1	—	1	—
Transport	—	—	—	—	—
Falls of persons	—	—	—	2	—
Stepping on or striking against object or person ...	—	1	—	1	—
Handling goods	—	1	—	—	—
Struck by falling object ...	—	—	—	—	—
Fires and Explosions	—	—	—	1	—
Electricity	—	—	—	—	—
Use of hand tools	—	—	—	2	—
Not otherwise specified ...	—	—	—	—	—

TABLE III
ANALYSIS OF CONTRAVENTIONS

Section	Number of Contraventions	Section	Number of Contraventions
4 Cleanliness	11	16 Floors, passage and stairs	
5 Overcrowding	1	17 Fencing exposed parts	
6 Temperature	26	machinery	
7 Ventilation	15	18 Protection of young per-	
8 Lighting	2	sons from dangerous ma-	
9 Sanitary Conveniences ...	—	chinery	
10 Washing facilities	14	19 Training of young per-	
11 Supply of Drinking Water	—	sons working at dange-	
12 Clothing Accommodation	2	rous machinery ...	
13 Sitting facilities	—	23 Prohibition of heavy work	
14 Seats (Sedentary Workers)	—	24 First Aid	
15 Eating Facilities	—	General Provisions ...	
		Total	

FACTORIES ACTS, 1937 to 1959

1. Inspections for purposes of provisions as to health: Part I.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	32	9	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	249	25	1	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	—	—	—	—
Total	281	34	2	—

2. Cases in which Defects were found:

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	by H.M. Inspector	
Want of cleanliness (S.1)	1	1	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable Temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary conveniences (S.7):—					
(a) Insufficient ...	—	—	—	—	—
(b) Unsuitable or defective	2	2	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total	3	3	—	—	—

There is a nil return under Part VIII of the Factory Act (Sections 110 and 111), which deals with outwork.

PETROLEUM (CONSOLIDATION) ACT, 1928

During 1966, 80 premises within the Urban District were licensed to store (at any one time) 267,030 gallons of Petroleum Spirit and Petroleum Mixtures. One licence was issued for the storage of 1 ton of Carbide of Calcium.

During the year the Council became a member of the Association for Petroleum Acts Administration. This Association does valuable work in promoting uniformity in administering the Acts and Regulations. Safety is of paramount importance when dealing with petroleum and valuable technical knowledge is made available.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

Tabulated below are details of information required annually by the Ministry of Agriculture, Fisheries and Food. During the year under review the total number of complaints received by the Department was 819.

It will be noted that the new revised form for the annual report has been used for the first time. It is welcomed as it simplifies the administrative side of the work.

One statutory notice was served during the year under Section 4 of the Act and 8 informal notices for the removal of accumulations harbouring rats.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

Report for 12 months ended 31st December, 1966

			Type of Property	
Properties other than Sewers			Non-Agricultural	Agricultural
1.	Number of properties in district ...	...	23,739	32
2.	(a) Total number of properties (including nearby premises) inspected following notification ...	...	949	4
	(b) Number infested by (i) Rats ...	...	892	4
	(ii) Mice ...	...	57	—
3.	(a) Total number of properties inspected for rats and/or mice for reasons other than notification ...	...	420	12
	(b) Number infested by (i) Rats ...	...	102	6
	(ii) Mice ...	...	—	—
	Number of sewers infested by rats during the year ...	...	2	

GENERAL PUBLIC HEALTH MATTERS

COMPLAINTS

The number received re miscellaneous health matters during
the year was 216

NOTICES SERVED

Informal Notices 13

GENERAL NUISANCES ABATED

Accumulations removed	...	...	...	...	...	...	8
Premises disinfested	...	...	...	...	...	...	35
Miscellaneous other nuisances abated	...	...	...	...	...	...	3
Dustbins provided	...	...	...	...	...	...	3

DISINFECTION

Following cases of infectious disease, disinfection was carried out in respect of rooms or bedding at 3 premises.

SPRAYING OF PONDS AND DITCHES

The routine spraying of stagnant water with oil for the control of mosquitoes was carried out as usual.

SWIMMING POOLS

Inspections were made during the swimming season and water samples were taken at public pools and at those used by schools.

RIDING ESTABLISHMENTS ACT, 1964

This Act came into operation on 1st April, 1965. It provides a system of licensing and inspection by the local authority of establishments at which a business of letting out horses on hire for riding, or for use in providing instruction in riding, is carried on.

Three premises were licensed during the year.

The licences were granted following reports on the animals and the premises by Mr. M. Rand, M.R.C.V.S., the Veterinary Surgeon appointed by the Council for this specific duty.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

This Act regulates the keeping of boarding establishments for animals, and the main provisions relate to their accommodation in regard to construction, size of quarters, number of occupants, exercising facilities, temperature, lighting, ventilation, cleanliness, etc.

Two licences were granted during the year under review.

PET ANIMALS ACT, 1951

Three applications were received and licences were granted for the year 1966.

COMMON LODGING HOUSES

There are none registered within the Urban District.

RAINFALL

Table showing rainfall in the district during 1966 taken at Esher Sewage Purification Works: —

						Total Rainfall Inches
January	...	...	...	...	...	1.44
February	...	...	...	...	...	2.85
March	...	...	...	...	...	0.45
April	...	...	...	...	...	3.66
May	...	...	...	...	...	2.25
June	...	...	...	...	...	2.11
July ...	...	...	...	...	...	3.13
August	...	...	...	...	...	2.72
September		...	...	...	...	1.04
October	...	...	...	...	...	3.89
November		...	...	...	...	1.54
December		...	...	...	...	2.70
Total						27.78 ins.

Compared with the figures for the previous year this is an increase of 1.32 of an inch.

The average yearly rainfall for the past five years was 23.82 inches.

PART II

**THE PERSONAL HEALTH AND WELFARE
SERVICES**

PERSONAL HEALTH AND WELFARE SERVICES

From the 1st April 1965 the duties under Part II of the National Health Service Act, 1946, together with other functions, were delegated to the Esher Urban District Council under the Local Government Act, 1958.

The delegated health and welfare functions are: —

(a) *National Health Service Act, 1946: —*

Section 22—Care of Mothers and Young Children.

„ 23—Midwifery.

„ 24—Health Visiting.

„ 25—Home Nursing.

„ 26—Vaccination and Immunisation.

„ 28—Prevention of Illness, Care and After Care.

„ 29—Domestic Help.

(b) *Mental Health Act, 1959: —*

Care and after care of persons suffering from mental disorder (other than in residential accommodation).

(c) *National Assistance Act, 1948: —*

Section 29—Welfare arrangements for the blind, deaf, dumb and the physically handicapped persons.

„ 30—Voluntary organisations for the welfare of disabled persons.

(d) *Disabled Persons (Employment) Act, 1958: —*

Section 3—Provision of sheltered employment by local authorities.

(e) *Nurseries and Child Minders Regulation Act, 1948: —*

Registration and supervision.

SECTION 22

CARE OF MOTHERS AND YOUNG CHILDREN

Esher has a District Nursing Officer who is responsible for supervising the Health Visitors, District Nurses and Midwives.

Ante-natal and post-natal supervision is provided by general hospitals at Kingston, Guildford and Epsom, by general practitioners, by midwives, and at the three main local authority clinics.

Co-operation between the hospitals and the local clinics is satisfactory and the midwives work closely with the responsible general practitioners.

In addition, regular relaxation classes and mothercraft sessions are held at the three main clinics, and are available to all expectant mothers. They are staffed by a State Registered Nurse, who has been trained by the National Childbirth Trust, and are aimed at instructing the mother so that she will have the best chance of an easy confinement, and learn about care of the expected infant.

Notification of Births: —

			M.	F.
Domiciliary	...	...	95	72
Hospital	...	...	314	326
Nursing Home	...	...	31	28
Totals	...	...	440	426

The following figures relate to work done at the local authority ante-natal and post-natal clinics.

No. of women attended — 93 excluding Midwives' Clinics.

No. of attendances — 407 excluding Midwives' Clinics.

No. referred to hospital for social reasons — 20.

No. of requests for home conditions reports from hospitals — 163.

In addition to the above, the midwives hold their own weekly ante-natal session at the Molesey Clinic.

Early discharges from hospital are becoming increasingly frequent — the patient being admitted for the confinement and being discharged sometimes as early as 48 hours after the birth. Of the 639 hospital confinements 181 were discharged home earlier than the 10th day.

This system is often popular with mothers who are anxious not to be away from the home for too long, and it increases the turn-over in hospital beds. However, it must put extra strain on the hospital staff, and the work is not so satisfactory to the midwife, who would much prefer to see the case through from confinement onwards. Care has to be taken that home conditions are suitable for such early discharges, and that the mother has adequate help available on her return. Very close co-operation between midwife and hospital is required in these cases so that, if necessary, the services of a home help can be obtained in good time.

Maternal Mortality.—There were no maternal deaths.

Puerperal Pyrexia.—One case was notified and occurred following confinement in hospital.

Care of the Unmarried Mother and her Child.—The arrangements for the care of the unmarried mother are undertaken by Social Workers of a number of voluntary organisations.

In view of the multiplicity of agencies, all cases coming to the notice of this Department, in the first instance, are referred to the Medical Social Worker, who investigates the case and then passes it to the correct voluntary organisation.

In the same way, all cases referred to this authority for financial support are examined by the Medical Social Worker, who ensures that the County Council hostel at Dorincourt, Woking, is being used whenever possible, or that otherwise the recommended Mother and Baby Home is suitable in all respects. This authority is financially responsible for the cost of residence, which may be for two months before and two months after confinement.

During the year 9 cases were referred to this Department for financial support by the Society concerned.

Child Welfare.—Infant Welfare Sessions are held at the clinics at Molesey, Long Ditton, Cobham and Esher. In addition, sessions are held in privately owned accommodation in Claygate, Oxshott and Hinchley Wood. Altogether nine such sessions take place each week, when mothers can consult a doctor or Health Visitor on the health and development of their infants and children under school age. Arrangements are made so that infants and children can be immunised against various diseases when attending the regular sessions.

At each clinic valuable assistance is provided by voluntary workers, who undertake various duties, including the sale and distribution of welfare and proprietary foods. By making a small profit on articles sold, these clinic voluntary committees accumulate funds, which are used to benefit children in needy circumstances. As well as assisting local children, on the recommendation of the clinic Health Visitor, the committees subscribe to a Samaritan Fund, which is mainly used by the Medical Social Workers, and is available to any child in the district whose needs are not covered by the statutory services.

Dental Care.—Dental inspection and treatment is offered by the Council's School Dental Officer, who devotes part of her time to this work. The service is provided at the dental clinics at Molesey and Cobham, and will be available at Giggs Hill Green when the new centre has been built.

During the year 21 mothers and 155 children under 5 were inspected and given any treatment required.

Audiological Service.—Defective hearing in infants must be diagnosed early if retardation is to be prevented. All Health Visitors have been trained in the use of special methods of testing hearing. Every effort is made to have all babies "screened" in this way as soon as possible after reaching the age of 7 months. Where the child is thought to have defective hearing, or there is any doubt, the child is referred to the County Audiologist, who has the assistance of an Audiometrician, and is able to provide hearing aids and any training and guidance for the parent. The Audiologist

holds sessions at the clinics at Molesey, Cobham and Esher, as required.

38 children under 5 years of age were seen at these sessions during the year.

Care of Premature Infants.—All infants weighing less than 5½ lb. at birth are classified as premature. When born at home they are transferred to hospital unless the doctor and midwife are satisfied that conditions in the home are entirely satisfactory.

When infants are born prematurely in hospital, the Health Visitor is informed before discharge in order that close supervision can be maintained.

During the year 37 infants were born prematurely (2 at home and 35 in hospital), and of these 27 survived for over 28 days.

OBSERVATION REGISTER OF CHILDREN "AT RISK"

The Observation Register is kept by every Local Authority in Great Britain of infants born in various "at risk" categories. Such infants are closely observed, and regularly assessed for the first five years of life by the Maternity and Child Welfare Services to ensure that they are following the expected developmental pattern.

If, in addition, during these pre-school years, medical or social incidents occur in any child's life, meriting special observation, such children are then placed on the Observation Register, irrespective of age.

The analysis of such infants born in 1966 to parents resident in the Esher Urban District is as follows: —

"At Risk" Factors

Number of cases
registered

Pre-Natal

1.	Rubella or other virus infection in first 16 weeks of pregnancy	—
2.	Blood incompatibilities, e.g. rhesus sensitization	8
3.	Hyperemesis	11
4.	Ante-partum haemorrhage	31
5.	Severe illness necessitating chemotherapy or major surgery in early months of pregnancy	11
6.	X-ray other than chest X-ray	14
7.	Thyrotoxicosis	1
8.	Diabetes	—
9.	Toxaemia of pregnancy	89
10.	Other complications of pregnancy, e.g. pyelitis	12
11.	Any psychiatric illness in pregnancy	1

Peri-Natal

12.	Prolonged or difficult labour	50
12a.	Forceps	76
12b.	Breach	12
12c.	Caesar	17
12d.	Mutiple pregnancy	8

						Number of cases registered
13.	Post-maturity	...	...	...	...	43
14.	B.W. under 4 lbs.; gestation under 36 weeks	...	...	...	...	22
15.	Foetal distress	...	...	...	...	36
16.	Birth asphyxia	...	...	...	...	22
17.	Prolonged poor sucking	...	...	...	...	3

Post-Natal

18.	Jaundice	...	...	...	...	30
19.	Convulsions	...	...	...	...	1
20.	Respiratory distress; cyanotic attacks	...	...	...	...	7
21.	Any congenital abnormalities	...	...	...	...	23

Genetic

22.	Family history of deafness, blindness, etc.	...	...	...	...	27
23.	No applicable factor	...	...	...	...	67

Analysis of Category No. 21

Adactylia — partial	...	...	...	...	1
Calcium deficiency	...	...	...	...	1
Cardiac septal defect	...	...	...	...	1
Cardiac systolic murmur	...	...	...	...	3
Congenital dislocation of the hip	...	...	...	...	2
Diaphragmatic hernia	...	...	...	...	1
Eyelid anomaly	...	...	...	...	1
Facial skin tags	...	...	...	...	1
Fractured skull	...	...	...	...	1
Hare lip	...	...	...	...	2
Inguinal hernia and hydrocoele	...	...	...	...	1
Peiloneidal sinus	...	...	...	...	1
Pylorospasm	...	...	...	...	2
Pyloric stenosis	...	...	...	...	1
Renal lesion	...	...	...	...	1
Spinabifida and hydrocephalus	...	...	...	...	1
Syndactyly	...	...	...	...	2

Analysis of Category No. 23

Adopted	...	...	...	...	10
Born before arrival of midwife	...	...	...	...	7
Exchange transfusion	...	...	...	...	1
Hearing defect suspected	...	...	...	...	1
Illegitimate	...	...	...	...	7
Mother unusually elderly	...	...	...	...	6
Mother unusually young	...	...	...	...	9
Precipitate labour	...	...	...	...	1
Slow development	...	...	...	...	2
Social problem	...	...	...	...	23

Number of children born in 1966 on Observation Register: —

Males	—	192
Females	—	187
Total	—	379

Previously the number of babies born “at risk” has been given statistically at about 20% of the infant population, but of the 866 children born in the district during 1966, 379 were added to

the Observation Register, a percentage of 43.76. Many of these develop normally and can be taken off the register when it is sure they are within the normal range.

SECTION 23

MIDWIFERY

Under the scheme of delegation the County Council remains the "local supervising authority", but this Council is responsible for ensuring that the maternity services are adequate for the needs of the area.

Esher employs one whole-time midwife and seven whole-time and one part-time District Nurses/Midwives. All are qualified and competent to administer inhalation anaesthesia, and all are kept informed of modern methods and techniques by being sent on refresher courses at regular intervals.

In addition to undertaking confinements, the midwives act as maternity nurses to doctors who conduct their confinements, and in respect of cases discharged from hospital before the tenth day.

The following is a summary of the work of the domiciliary midwives during the year: —

Confinements attended:—

By Midwife only	...	...	...	...	101
By Midwife and Doctor	...	...	...	...	66
Inhalation analgesics administered	...	...	...	...	157
Ante-natal visits made	...	...	...	...	1,815
No. of early discharges	...	...	...	...	181
Percentage of babies born at home	...	...	...	...	19.05 per cent.

SECTION 24

HEALTH VISITING

The district has the services of 10 general Health Visitors, of whom 8 are full-time and 2 are part-time. One member of the full-time staff devotes half her time to Health Education.

In addition to the above, a Health Visitor devotes half her time to the after care of Chest Clinic patients, and otherwise cares for the elderly as Geriatric Health Visitor in the Cobham area.

The general Health Visitors devote about 80% of their time to the care of mothers and young children, and the remainder to the School Health Service. Their work is essentially preventive, and their chief function is to visit and get to know the mothers in their areas and to advise on every aspect of positive health. They are trained to look for early deviations from the normal, either physical or mental, and they play an important part in helping to solve

family problems which, if neglected, can lead to family break-up. Health education is, and always will be, a most important part of their duties.

HEALTH VISITOR ATTACHMENT:

Towards the end of the year arrangements were in being for the attachment of two full-time Health Visitors to a group of five general practitioners in the Molesey area. It was arranged that the Health Visitors would have an office at the doctors' central surgery, and that their activities would be confined to the doctors' patients. The scheme did not come into operation until January 1967, and will not be reported in detail until it has run for a full year.

SECTION 25

HOME NURSING

Esher employs 13 whole-time district nurses, of whom 7 undertake the combined duties of district nurse/midwife. Each has her own district, but for convenience of administration they work in "groups", relieving each other for off duty times. In addition, there are 3 part-time nurses doing regular work and able to increase their hours as required, to cover holidays and sickness.

They work under the general practitioners, who contact them direct when they require their services for a patient.

About 70 per cent of the time of the district nurses is spent assisting the elderly and the chronic sick.

The following is a summary of their work: —

Number of patients attended ...	...	1,435 (689 aged 65 and over)
Total number of visits paid ...	...	41,918

Two part-time nursing auxiliaries were employed to assist the district nurses with their routine work. They are women who are not State Registered, but who have obtained a knowledge of nursing either through hospital or through one of the voluntary organisations. They work under the supervision of the district nurse and are most usefully employed in carrying out such routine duties as weekly bathing.

SECTION 26

VACCINATION AND IMMUNISATION

This subject has been dealt with in Part I of the Report.

SECTION 28

PREVENTION OF ILLNESS, CARE AND AFTER CARE**TUBERCULOSIS AND DISEASES OF THE CHEST:**

The Chest Clinic for residents of the whole of the Urban District is located at Kingston Hospital. Originally such clinics were set up specifically for the diagnosis and treatment of tuberculosis, but with the steady decline in the incidence of this disease, the clinics have assumed responsibility for the diagnosis, treatment and care of patients suffering from other diseases of the chest.

The Consultant in charge has control of in-patient beds and can arrange admission to hospital as required. In addition to other medical staff he has the services of a Chest Clinic Almoner, who attends to the social problems of the patients, arranging for free milk and other supplements, which aim at reducing mental anxiety, improving nutrition, and so speeding recovery. He also has the services of a Health Visitor, who supervises the patients in their homes, ensures that family contacts are properly investigated, and that the patients attend the clinic regularly for supervision.

During 1966 the following numbers of residents of the Esher Urban District attended the Kingston Chest Clinic: —

New Cases	Old Cases	Total
257	1,132	1,389

Skin tests were carried out on 86 patients and of these 32 were vaccinated with B.C.G. to give protection against tuberculosis.

The Chest Clinic has a Voluntary Care Committee for raising funds, which are supplemented by the local authorities in the Clinic catchment area. The money is used to help patients to obtain extra food, clothing, bedding, and other necessities.

The Standing Conference of Care Committees hires beach chalets to provide holidays for a number of families of those who attend the Chest Clinic, and the Surrey Education Committee makes Sheephatch School available for child contacts for two weeks each summer.

The County Occupational Therapy Unit employs trained staff, who will visit the patient's home and provide all the necessary instruction and materials for suitable therapy.

CARE OF THE ELDERLY

On the 1st April, 1965, the authority had the services of Miss Tombs, who was occupied for half her time as the T.B. Health Visitor. As an experiment it was arranged that she should devote the remainder of her time to the care of the elderly in the Cobham area. At that time the general Health Visitor for the area was supervising the welfare of only 5 old people — by the end of 1966

Miss Tombs had a case load of 350 and was responsible for a weekly geriatric session at Cobham Clinic.

In June 1966 the half-time services of a Health Visitor of the County Group Relief Staff was made available for similar duties in the Esher, Dittons and Hinchley Wood area. By the end of the year she had a case load of 253 elderly people in need of supervision; she had started a weekly geriatric session at Molesey, and had taken on responsibility for the Esher geriatric session, which had been started early in 1965.

I have no doubt at all that this work is best undertaken by special Health Visitors who enjoy working with the elderly, and who have the time and the desire to "seek out" the patients. The Northern part of the district is providing more work than can be covered by a half-time Health Visitor, and Claygate has not been provided for in this way. There will be need to increase staff if an adequate service is to be provided.

The Geriatric Clinics

Weekly clinics for the care of the elderly have been set up in Esher, Cobham and Molesey. The object of the clinics is to improve the physical and mental state of the elderly as far as possible, and to help them to enjoy their later years. They attend the clinics by appointment and, initially, their social problems are discussed, and help or advice is provided where possible.

General attention is paid to their health, and when any treatable condition is suspected they are referred to their own doctors. Arrangements are made when indicated for the provision of hearing aids, spectacles and physiotherapy. Attention is paid to their nutrition and diet, and food supplements and vitamin products are available at reduced prices.

		Esher Geriatric Clinic	Cobham Geriatric Clinic	Molesey Geriatric Clinic (commenced November 1966)
New patients ...	...	71	108	13
Total attendances ...	...	320	678	39
No. referred for hearing aid ...	...	43	25	—
No. referred for spectacles ...	...	—	18	—
No. referred to own doctor ...	...	16	60	4
No. referred for physiotherapy ...	...	25	16	—
No. referred for chiropody ...	...	21	68	—

The Chronic Sick

The chronic sick are cared for by Dr. Finn, Consultant Geriatrician, based at Kingston Hospital. She has the assistance of

Medical Officers, a Health Visitor, and an Almoner, and controls beds into which the patients can be admitted. The Health Visitor supervises the needs of patients awaiting admission to hospital, and also those who are returned home after in-patient treatment. Her function is not the same as that of the Geriatric Health Visitors mentioned earlier, whose aim is to prevent deterioration and reduce the need for hospital admission.

Residents of Cobham and Oxshott are within the Catchment Area of the Epsom Group Hospital Management Committee and are admitted to the geriatric beds of Epsom District Hospital and other hospitals of the Group. Patients recommended for admission are visited by the Physician and the Geriatric Almoner, so that an assessment can be made of the relative urgency of each patient's need.

The welfare of the elderly is supported by numerous clubs provided by voluntary organisations and, not least, by the Esher Old People's Welfare Council, which provides financial support to such organisations and co-ordinates their activities.

As reported last year, this Authority makes a most valuable contribution to the welfare of the elderly by providing House-mother Schemes, which contain up to 40 self-contained units with a House Mother who watches over the tenants, assists them when necessary, and calls for assistance in an emergency. The Authority also provides bungalows for the elderly in various parts of the district, some of which have been specially adapted to suit the needs of those who are physically incapacitated.

Aids for the Elderly

In May the County Council adopted a scheme whereby elderly people could be supplied with various "aids", such as handrails, bath seats, walking aids, etc. If the total cost of the aids is under £10 they may be supplied free on loan until no longer required. Alternatively, if the patient so desires, they may be purchased outright at reasonable prices. The demand for such aids was considerable, and for this reason sometimes lengthy periods elapsed before they were supplied. By the end of the year 72 patients had been supplied with 207 aids.

This is thought to be a most valuable service, in that it helps to increase the independence of the elderly infirm, and helps to prevent accidents, which so often result in hospital admission.

RECUPERATIVE HOLIDAYS

Under the Council's recuperative holidays scheme, patients who have been ill, either at home or in hospital, can be provided with a recuperative holiday on the recommendation of their general practitioner or the hospital medical officer.

During the year holidays were provided for 18 persons.

CHIROPODY

Under the Council's scheme chiropody is provided for the elderly, the physically handicapped and expectant mothers.

Under the direct scheme there is a panel of qualified and approved chiropodists to whose surgeries the above can go for chiropody treatment. In addition, the Council has the services of a Chiropodist who undertakes a weekly session at the Care Centre for the Elderly at Cobham, and attends from time to time on a sessional basis at three of the Council's House Mother Schemes. The Chiropodist also undertakes domiciliary visits to patients who are unable through infirmity, to visit the surgery or the Clinic.

Under the indirect scheme, chiropody sessions are provided by voluntary organisations, there being five sessions a quarter organised by the British Red Cross Society at the Cobham Village Hall, and a monthly session at Oxshott organised by the O'Brien Club.

A charge of 3s. is made for each chiropody treatment through either scheme, and the treatment can be given free to those who are in receipt of National Assistance or who are unable to afford the charge.

Details of treatment given during 1966 under both the direct and indirect Council schemes are set out below: —

	No. of Patients Treated	Club or Surgery	Treatments given Domiciliary
Expectant Mothers ...	—	—	—
Handicapped Persons ...	31	67	158
Registered Blind or Partially Sighted ...	9	40	25
Elderly Persons ...	529	2,221	705

During the year the demand for this service increased very greatly and it became obvious that the establishment of only 4 weekly chiropody sessions was quite inadequate. Accordingly, provision was made in the 1967/68 estimates for an increase to 8 weekly sessions.

PREVENTION OF BREAK-UP OF FAMILIES

During the year the number of families notified to me as at risk has increased enormously and, consequent on this, the number of families needing help from the Medical Social Workers. This has put a great strain on the service, as the families need very intensive casework over a long period for any lasting result to be achieved.

The difficulties encountered by these families are numerous and surprisingly diverse. Some of the most threatened families are those with severe marital difficulties. The children in these families are often very seriously affected by the strains existing in the family and this, in turn, produces difficulties in their behaviour. Some of

these children have been referred to Dr. Lindsay, Psychiatrist, at the Child Guidance Clinic in Hersham. The Medical Social Workers have continued to do intensive casework with the parents, whilst working in close collaboration with him, and this has proved most helpful and rewarding.

The following is a brief summary of the work undertaken by the Medical Social Workers during the year under review: —

No. of Case Conferences held	13
No. of families 'at risk' at 31.12.66	74
No. of children of problem families at 31.12.66	275
Also (a) number of children in care —	
(i) For reasons of family failure	2
(ii) Other reasons	1
(b) number of children in Part III accommodation—	
(i) For reasons of family failure	3
(ii) Other reasons	9
No. of families receiving attention by Medical Social Workers at 31.12.66	40
No. of families, not having been considered by a Co-ordinating Conference, in receipt of special attention and support by Health Visitors	10
No. of families rehoused —	
(a) By Housing Authorities	9
(b) Privately	1
No. of families sent for training to —	
(a) Frimhurst	Nil
(b) Other Institutions	Nil
No. of Recuperative Holidays provided under the scheme for the prevention of break-up of families	4

This work has been undertaken by two half-time Medical Social Workers — Mrs. Coussell and Mrs. Brander — who have been under great pressure throughout the year. The work is complex and time consuming, requiring great patience and frequent evening visits. The problems dealt with are so severe that it is very rarely that they can be resolved completely. In a few cases the situation is so bad that no improvement can be obtained but, in the majority, intensive case work, advice and assistance (financial and otherwise) bring about a gradual improvement, and the danger of the break-up of the family is averted.

Having regard to the considerable number of children involved, it is remarkable that at 31.12.66 only 3 were in the care of the County Council.

In addition to this work and her work in the County Health Department, Mrs. Coussell has undertaken the practical training of two students who are studying for the Certificate in Social Work at Croydon Technical College.

HEALTH EDUCATION

By August, vacancies in the establishment of Health Visitors had been filled, and it was possible to arrange for Mrs. P. Riley, Health Visitor, to devote half her time to health education.

A room at the Forum Clinic, West Molesey, was made available, and it became her office, store and workroom. She was provided with certain visual and auditory aids, and she created many items for display purposes.

The Health Education Office soon became a centre at which the general Health Visitors and others could get advice and material aids to assist them with health propaganda programmes. This arrangement has undoubtedly had the effect of stimulating health education throughout the district and providing organisation and co-ordination of the combined efforts.

Not only has Mrs. Riley undertaken health education in the clinics, the schools and for local organisations, but she has also stimulated other members of staff to do likewise, and has successfully encouraged these activities in certain schools. She has had most valuable assistance from the County Health Education Officer and has enlisted the services as speakers of members of the County staff and members of various voluntary organisations.

The following is an outline of health education sessions provided during the year, either by Mrs. Riley or with her help and encouragement: —

<i>Schools</i>				<i>Sessions</i>
Spring Term	—	Molesey Secondary Modern School	...	9
		St. Joseph's Convent	... ..	9
		St. Barnabas Primary School	... ..	3
Summer Term	—	Molesey Secondary Modern School	...	11
		St. Joseph's Convent	... ..	1
Autumn Term	—	Molesey Secondary Modern School	...	12
		St. Joseph's Convent	... ..	11
February	—	St. Matthew's C. of E. Primary School		1
June	—	Cobham County Infants' School	...	1

Organisations

Young Wives, Oxshott	...	...	2 evening sessions
Young Wives, Stoke D'Abernon	...	1	„ session
British Red Cross Society, Cobham	...	8	„ sessions
British Red Cross Society, Molesey		8	„ (Welfare Course)
O'Brien Club, Oxshott	...	...	3 sessions
Molesey Coffee Club	...	...	1 session
Esher U.D.C. Staff	...	The Kiss of Life — film and demonstration by ambulance staff.	
„	...	Film — Cervical Cytology and Self-examination of the Breasts. (Oxford Cancer Information).	

In addition to the above, health education was continuously provided by the Health Visitors in homes and clinics, and by Public Health Inspectors in shops and to organisations.

CERVICAL CYTOLOGY

It was not until September that it became possible to start a clinic for taking cervical smears from well women for the purpose of eliminating the possibility of early carcinoma of the cervix.

Prior to this there were no facilities available for the technical examination of the smears, but at this time the Pathologist at St. Helier Hospital kindly agreed to accept up to 20 smears a month from this district. Accordingly, a fortnightly session was commenced at the Forum Clinic, Molesey, with the County Obstetrician, Dr. E. M. Lewis, M.D., F.R.C.O.G., in charge, assisted by a Health Visitor and a Clinic Nurse.

In view of the limited service it was necessary to restrict it to women in the highest priority groups, e.g. those between 30 and 50 years of age in the lower social classes, and women who married early and had pregnancies in rapid succession.

At first attendances were poor — a surprising number accepting appointments and failing to turn up. This, however, gradually improved, and there is now a need for further expansion. From the 10th October to 31st December the following work was carried out: —

Number of Clinic sessions	...	...	...	...	...	5
Number of women invited to attend	...	...	...	...	...	95
Number of women who attended	...	...	...	...	...	42
Number of smears taken	...	...	...	...	...	42
Number of smears suspicious	...	...	...	...	...	—
Number of smears positive	...	...	...	...	...	—

SECTION 29

DOMESTIC HELP

The Council's scheme provides for "domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or is a child not exceeding compulsory school age". The function of the Home Help is to carry out the normal domestic duties of the housewife.

The following is a summary of cases attended during the year:—

	Aged 65 or Over on First Visit	Aged under 65 on first visit				Total
		Chronic Sick and Tuberculous	Mentally Disordered	Maternity	Others	
No. of Cases	174	21	4	69	30	298

The scheme is an admirable one and of the greatest value to those in need. Unfortunately this is a particularly difficult district in which to recruit staff. There is a fair amount of light industry, providing easy work in pleasant conditions, and good pay. Domestic help is so difficult to obtain that some private households pay very highly for such service, which only increases the problem. Extensive and quite costly advertising campaigns have been undertaken, and much effort has been put into recruiting additional staff by the Home Help Supervisor, but with disappointing results. In some parts of the district, such as Cobham and Oxshott, local help is almost unobtainable, but fortunately provision of a mini-van and driver makes it possible to transport Helps to and from the difficult areas. By the end of the year 23 part-time Helps were employed, equivalent to 10.03 full-time Home Helps. In spite of this rather small staff, most valuable work was carried out on behalf of those who required it.

Neighbourly Help Scheme

In 1961 the Home Help Service was extended by the introduction of the Neighbourly Help Scheme. Under this scheme neighbours who are willing to assist old people living alone, or other suitable cases, by visiting them frequently during the day, carrying out such jobs as preparing meals, lighting fires, doing shopping, etc., can be given a weekly payment, which varies between 10s. and £3 10s. 0d. according to the amount of time devoted. This scheme has been of very great assistance, and during the year provided help for 27 cases.

MENTAL HEALTH SERVICES

Under the Mental Health Act 1959 the importance of the care of the mentally ill, or mentally sub-normal, within the community, was stressed.

The needs of residents of this district are covered by a team of appropriately qualified officers, who are based at Ashley House, Epsom. The team consists of an Area Mental Welfare Officer and five Mental Welfare Officers. They cover an area which includes Banstead, Epsom, Leatherhead and Esher. Each is responsible for statutory duties concerned with the admission to hospital of

mentally ill patients under the various sections of the Act and, in addition, they are also responsible for the after-care of persons within the community who have been mentally ill. Patients who have had treatment in hospital and who are discharged home, are notified to them. They visit and endeavour to develop a good relationship, provide any assistance and help with employment that they may need, and maintain supervision until such time as the patients can be considered completely cured. At the end of the year 81 patients in Esher were being visited at home.

The following table sets out the number of patients admitted to Brookwood Hospital in 1966: —

Mental Health Act, 1959				Male	Female	Total
Informal	...	...	...	2	4	6
Section 29	...	...	...	—	2	2
Section 25	...	...	...	1	5	6
Section 60	...	...	...	1	—	1
				—	—	—
				4	11	15
				—	—	—

Sub-normality and Severe sub-normality

Investigation and ascertainment of all cases of sub-normality is undertaken by one of the Specialist Medical Officers on the staff of the County Council. In addition, much help is obtained from hospitals which specialise in these conditions. These hospitals are also often most helpful in arranging short-term placements in cases of emergency or to allow relatives to take a holiday.

The Health Visitors supervise the welfare of sub-normal children up to compulsory school-leaving age, and also adult female sub-normals. Adult male sub-normals are visited by the Mental Welfare Officers.

Training Centres

The purpose of the training centre is to help those who are sub-normal to develop in mind and body to the utmost of their capacities. The object is not only to train the sub-normal so that he is readily acceptable within the community, but, in addition, to make him capable of carrying out useful tasks and, in fact, to earn a living. From a training centre a sub-normal may progress to a sheltered workshop or even to open industry.

At the 31st December 1966 there were 138 sub-normal children and adults under the care of this authority, and the following table refers: —

	Sub-normal		Severely Sub-normal		Totals	
	M.	F.	M.	F.	M.	F.
No. of patients under local health authority care at 31.12.66 ...	38	37	34	29	72	66
Attending day training centre ...	11	1	18	7	29	8
Resident in residential training centre	2	2	—	—	2	2
Receiving home training	—	—	1	1	1	1
Receiving home visits	16	18	14	10	30	28
Resident in Botleys Park	4	—	9	11	13	11
Resident in other homes	—	—	—	4	—	4

Residential Accommodation

Local Health Authorities are urged to provide residential accommodation for various categories of patients. As regards the mentally ill, those who have had hospital treatment could often be discharged earlier if they could be transferred to a hostel where they would get support and some protection from the outside world before returning home. No such hostel has yet been provided in Esher by the Local Health Authority, but the Richmond Fellowship has done so at Croft House, East Molesey. This is supported financially by the County Council, and suitable cases have been admitted with encouraging results.

In the case of sub-normals, the general policy is that they should live at home with their families. Where this is not possible they may be admitted to hospital or a hostel, or to suitable lodgings. There is no special accommodation of this sort in the Esher district, but a home for thirty sub-normal females is to be built at West Molesey.

The Forum Club

This "Therapeutic Social Club" was started at the Forum Clinic, Molesey, with the object of helping those who have been mentally ill. After treatment in hospital or at home such patients are often withdrawn and reluctant to join again in the everyday activities of the district. If they can be persuaded to join a club such as this, self confidence tends to return and cure to be speeded up. The leader of such a club needs to have rather special qualities, and it was fortunate that Mrs. D. Brace was willing to offer her services on a voluntary basis. The staff of the Mental Health Department agreed to co-operate, together with the Health Visitors based at the Clinic. Mrs. Brace has shown enthusiasm and great tact, and the Club has made excellent progress and is doing valuable work. An evening session is held each week, and usually about twenty members attend.

Apart from the initial provision of certain equipment, the Club is self supporting and, with Mrs. Brace's guidance, the members arrange their own programmes.

WELFARE SERVICES

The Council is responsible for the delegated welfare services (other than the provision of residential accommodation) for the following categories: —

- (a) Blind.
- (b) Deaf.
- (c) Physically Handicapped.
- (d) Aged.

(a) Blind and Partially Sighted Persons

A Home Teacher/Visitor for the Blind devotes two-thirds of her time to the general welfare of registered blind and partially sighted persons of all ages. She represents the Surrey Voluntary Association for the Blind, who give financial assistance to the registered blind by providing holiday grants, Christmas gifts, radio repairs and miscellaneous grants. The Association also maintains a residential hostel at Camden House, East Molesey. Other services are available to the registered blind, such as holiday homes, more tax relief, higher allowances from the Ministry of Social Security, postal voting, travel concession tickets, radios provided by the British Wireless for the Blind Fund, wireless licence exemption certificates, guide dogs, and special equipment, such as white sticks from the Royal National Institute for the Blind. Blind and partially sighted persons can benefit from visual aids, special education, help with rehabilitation training and employment, large print books, braille and moon books, and talking book machines are available to those who cannot see to read print.

In Surrey, Social Clubs are run by local voluntary committees, and handicraft classes are organised by home teachers. To date there has not been sufficient demand for the provision of a class or club in this area, but arrangements are made for those who are interested to attend nearby. During the year the handicraft scheme was transferred from the Surrey Voluntary Association for the Blind to the County Council's Occupational Therapy Unit at Fetcham.

The chief aims of the blind welfare service are to help and teach blind people to become as self reliant and independent as possible, and to see to the general welfare of all, especially those who, in addition to their blindness, suffer from illness, other disabilities and old age, and need extra care and attention.

The following tables show the number of persons in the district who are registered as blind or partially sighted, together with their age distribution: —

	Blind		Partially Sighted	
	M.	F.	M.	F.
No. on register at 31.12.66 ...	29	56	5	19
No. added to register ...	4	13	2	20
No. removed from register ...	4	8	—	1
No. of visits made ...	626			
No. of visits to others	26			

Age Group			New Cases Registered			Total Registered Blind Persons		
			M.	F.	Total	M.	F.	Total
1—4	...	...	1	—	1	1	—	1
5—15	...	...	—	—	—	—	—	—
16—49	...	...	—	—	—	7	8	15
50—64	...	...	—	2	2	8	6	14
65—84	...	...	3	8	11	9	27	36
85+	...	...	1	1	2	4	15	19
					16			85

(b) *The Deaf and/or Dumb and the Partially Hearing*

The Council provides the services of a part-time Social Welfare Worker to assist residents who come into this category.

The Royal Association in Aid of the Deaf and Dumb provides for the spiritual needs of the totally deaf; the Middlesex and Surrey League for the Hard of Hearing are agents for the County Council, and provide social clubs for the hard of hearing.

The Social Worker maintains a Register of Deaf and Dumb persons, visits them in their homes, gives assistance regarding employment and family problems, and acts as interpreter in hospitals, courts, etc. She also attends a club for the youthful deaf and dumb in Surbiton and a Darby and Joan Club in the same district. The members make their own arrangements for transport.

In addition, she assists the hard of hearing with problems in respect of their hearing aids.

On the 31st December, 1966, the register contained the names of 13 deaf and dumb residents (9 men and 4 women). In addition, there are 5 children attending special schools. The Social Worker visits during the school holidays, gets to know the children and parents, and gives advice regarding future employment.

(c) *The Physically Handicapped*

The Council has an establishment for one whole-time qualified Social Worker and a half-time Welfare Officer. During the greater part of the year the whole burden was carried by Mrs. A. E. Defries, who was employed part-time only. It was not until the 28th November that Mrs. Summers joined the staff as an

additional part-time Social Worker. This has improved the situation very considerably, but these officers still have a greater case load than they can manage to their satisfaction.

No. on Register as at 31.12.66	...	...	...	...	228
No. added to Register	...	...	...	...	79
No. removed from Register	...	...	...	...	28
Visits to Patients	...	...	...	...	409

Reasons for removal from Register:

Died	...	...	...	...	18
Moved away	...	...	...	...	6
Recovered	...	...	...	...	1
Transferred to Mental Health	...	...	...	...	1
No trace	...	...	...	...	2

Aids

No. of aids supplied	...	...	...	...	192
No. of patients supplied with aids	...	...	...	...	69

Accommodation for the Handicapped

- (i) 2 ground floor flats specially adapted for two single persons at "Hurstbourne", Claygate, completed in 1966.
- (ii) An existing old people's bungalow built in 1951 adapted for the needs of a married couple, both physically handicapped

The provision of 'aids' to the physically handicapped has proved of great value in helping these unlucky people to a greater enjoyment of life, and greater immunity to falls, which can so easily cause fractures to arms or legs.

The Social Workers can also initiate adaptations to premises, which may help the handicapped patient to live a full and enjoyable life. The two flats specially adapted by the Council are a good example of what can be done in this way, and it is hoped that these will increase in number in the course of time. I have to thank the District Surveyor for his willing co-operation in this work.

In addition, the Social Workers arrange for handicapped people to have holidays, to attend clubs, to have occupational therapy, and training for employment.

All physically handicapped children are referred to them so that they can get to know them and, from the age of about 13 onwards, guide them towards a suitable occupation.

Apart from her more routine duties, the Social Worker's primary function is supportive "case work". She must befriend the family, assisting in every possible way and helping the patient to learn to live happily with the disability.

(d) *The Aged*

The statutory services provided for elderly persons have been described in the section dealing with "Care and After Care". In

recent years there has also been a steady increase in the welfare facilities provided by voluntary effort for older people, as well as for those who are handicapped by some physical disability.

VOLUNTARY SERVICES

Meals on Wheels

The W.R.V.S. provide this service to cover the needs of elderly and disabled residents living in the northern part of the district. Hot meals are delivered on Mondays, Wednesdays and Fridays, and the standard charge of 1s. 9d. can be reduced or waived in special cases. During the year 11,134 meals were prepared in the kitchen provided by the Old People's Welfare Council, and were delivered to those in receipt of the service.

This is a service which does an immense amount to preserve the health and well-being of those who are frail or infirm, and the volunteers who work tirelessly throughout the year deserve great credit.

The British Red Cross Society provide a smaller but growing service for the residents of Cobham, Stoke D'Abernon and Oxshott. During the year 1,394 meals were prepared and transported to the homes of the recipients.

These services are subsidised by the Esher Old People's Welfare Council.

In addition, 953 meals were prepared by the Housemothers at two of the Housemother Schemes, and provided for the residents at the standard charge.

Clubs

Numerous clubs are provided throughout the district by local voluntary organisations. They are chiefly for those who are "mobile" and able to attend without assistance, but, in addition, many of them make arrangements so that those who are unable to make the journey through infirmity or other handicap can be transported to and from the club.

The British Red Cross Society organise a Club for the Physically Handicapped, which is held in King George's Hall, Esher, every month. A high proportion of those who attend are transported. The Club provides an excellent opportunity for members to make friends and to take part in various activities and occupations.

The Council's Social Workers for the Physically Handicapped find that, through this Club, they are able to maintain contact with many of those who are on the register.

Home Visiting Service

This operates throughout the district with the encouragement of the Old People's Welfare Council. The scheme is entirely voluntary and comprises an organiser in each locality and a group of visitors.

Visitors alleviate the loneliness of those who live alone, and inform them of facilities available. They are in a position to call upon the statutory services when they appear to be required, and for medical aid in case of need.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Under this Act the Council is responsible for the registration and supervision of day nurseries and of persons who, for reward, receive children into their homes to look after them.

At the end of the year the following numbers of premises and persons were registered: —

	No. Registered	No. of Children Provided For
Premises 	11	318
Child Minders ...	16	128

The nurseries and the child minders are inspected, both by Assistant Medical Officers and by Health Visitors, at regular periods throughout the year. Such inspections have shown that a most satisfactory standard has been maintained in each case.

In the majority of cases children are received during mornings only, and mid-day meals are not served. In a few cases child minders will care for the children throughout the day, which can be of great benefit to the mother who must work, or where there is illness in the home.

There is no official Day Nursery accommodation in the Urban District, and those provided in neighbouring areas are generally too far away to be of value. However, three local children are accommodated in a nursery provided by the Royal Borough of Kingston, and the Council's policy of paying the fees of private nurseries or child minders in special cases of need, provides a partial solution to this problem. The matter of paying or subsidising such fees is based on the County Council's policy as regards admission to its own Day Nurseries.

U.S. GOVERNMENT PRINTING OFFICE

1940

THE SCHOOL HEALTH SERVICES

PART III

THE SCHOOL HEALTH SERVICES

SCHOOL HEALTH SERVICE

MEDICAL, DENTAL AND HEALTH VISITING STAFF

AS AT 31.12.66

School Medical Officer

DR. E. PEREIRA, M.B., B.S., D.P.H.

Assistant School Medical Officers

DR. A. R. PARK, M.B., B.Ch., B.A.O., D.P.H.

DR. E. V. FRASER, M.B., B.S.

DR. D. M. DUCKER, M.B., B.S. (Sessionally employed)

Medical Director, Child Guidance Clinic

DR. S. F. LINDSAY, M.B., Ch.B., D.P.M.

County Audiologist

DR. E. A. BEET, M.R.C.S., L.R.C.P.

Ophthalmic Surgeon

DR. J. FISCHER, M.D., D.O.M.S.(Eng.)

School Dental Surgeon

MRS. A. W. CLEMENT, L.D.S., R.S.P.S.

District Nursing Officer

MISS J. M. COLE, S.R.N., S.C.M., H.V.

Health Visitors

MRS. M. ARTHUR (Part-time)

MISS P. BATES

MISS G. M. DAVIES

MISS J. DICKS

MISS J. DUNSTONE

MRS. J. FACKRELL (Part-time)

MISS B. HEATHCOTE

MRS. Y. LWIN

MRS. P. RILEY

MRS. B. WAKEFORD

Physiotherapist

MRS. B. LOE (Sessionally employed)

Speech Therapists

MISS E. BARTON (Part-time)

MRS. A. NORTHAM (Part-time)

School Nurse (S.R.N.)

MRS. J. M. BANDY (Part-time). Resigned July, 1966.

MRS. P. MALPASS (Part-time). Commenced September, 1966.

1. POPULATION AND SCHOOLS

(a) *Maintained Schools*

The maintained school population of the area at the end of 1966 was as follows: —

Primary	...	...	...	...	...	4,105
Secondary	...	...	...	...	...	2,868
Total	...	...	...	...	...	<u>6,973</u>

The number of Primary and Secondary Departments in the area on the 31st December 1966 was: —

Primary	...	...	...	...	...	19
Secondary	...	...	...	...	...	5
						<u>24</u>

(b) *Independent Schools*

Independent schools may make application for school medical and dental inspection to be made available to their pupils. In the Esher district four such schools (St. Joseph's Convent, Emberhurst School, Milbourne Lodge Senior School and Grantchester House) have so far made such applications.

The total number of pupils in these schools is 579.

2. MEDICAL INSPECTION

(a) *Routine Medical Inspection*

The systematic Routine Medical Inspection by age groups is undertaken in the area as follows: —

Primary	{	(i) On entry	}	Complete Medical Examination
		(ii) During year in which age 8 is reached		
Secondary	{	(iii) On entry	}	Ditto
		(iv) During year in which age 13 is reached (if more than a year from last routine inspection)		Eye Test Only
		(v) During year in which age 15 is reached		
		(vi) During year prior to leaving school (if more than one year after last routine inspection)		Complete Medical Examination

Children are also inspected at any time at the request of the parent or head teacher.

2,835 children were examined at Routine Medical Examinations during the period: Parents were present for 1,361 of these examinations.

(b) *Special and Re-examinations*

Children who may be potential handicapped pupils, either physically or mentally, are supervised and followed up as often as

necessary and a handicapped register is kept to make sure regular assessments are made and the child channelled to suitable employment when the time comes. Children who are receiving treatment or recommended for treatment are reinspected as a routine.

(c) *General Physical Condition*

The general physical condition of a pupil examined at a Routine Medical Inspection is determined by the personal assessment by the School Doctor.

Of the 2,835 pupils inspected at Routine Medical Inspections, only 4 children were found to be unsatisfactory in general physical condition.

(d) *Cleanliness*

During 1966 Health Visitors visited schools in the area for the purpose of cleanliness inspections. 3,677 pupils were examined and 28 were found to be infested.

(e) *Infectious Diseases*

245 cases of infectious disease occurred amongst school children. These are set out in the appropriate table. This figure is roughly divided into equal numbers suffering from measles, german measles, mumps and chicken pox.

3. DEFECTS FOUND AT ROUTINE MEDICAL INSPECTIONS

The following table shows the percentage of defects found at Routine Medical Inspections during 1966: —

Number of pupils examined	...	...	...	2,835
Number of pupils found with defects for treatment				242
Percentage of pupils in need of treatment	...			12.7 per cent
Number of defects requiring observation		...		1,192
Number of defects requiring treatment	...		...	279

4. TREATMENT OF DISEASE AND DEFECTS

(a) *Attendance at School Clinics*

General Medical Clinics are provided at which a school child can consult a doctor regarding any disability. Minor ailments are treated at such clinics, but if anything is found which is more serious the child is referred to his own general practitioner or to a specialist with the general practitioner's consent.

These clinics are also used for following up defects found at routine medical inspection, or for continuing investigation of such defects.

Medical examinations of adults for employment and for admission to teacher training colleges are also undertaken.

For details of attendances at School Clinics see Table III E.

(b) *Ophthalmic Clinics*

The Molesey and Cobham Clinics are both equipped to enable an ophthalmic surgeon to undertake the examination of the eyes of pupils who appear to have defective vision. The work of the Eye Clinics is set out in Table F.

All school leavers have a routine colour vision test and if any defect is found the child is referred for the appropriate trade testing if indicated.

In addition it is possible to obtain an opinion at the various Medical Eye Centres in the district.

(c) *Remedial Exercises*

At the medical inspection some children are always found to be suffering from minor orthopaedic defects, such as flat feet, knock knees, faulty posture, flattened chest, etc. If these conditions are noted early enough much can be done to improve them, and by teaching breathing exercises children suffering from asthma can be considerably helped.

Remedial Exercise Clinics are provided at Cobham, Esher, Long Ditton and Molesey, and are in the charge of a qualified physio-therapist. For details of attendance see Table III G.

(d) *Routine Audiometry and Hearing Defect Clinics*

The routine testing of hearing of school children age 6-7 years is carried out separately by the Council's Audiometrician as part of the routine medical inspection.

Each child is tested individually and an audiogram constructed for those with significant hearing loss. Children failing the tests are followed up and examined by an Assistant Medical Officer. Where necessary they are referred for the opinion of the Special Audiology Clinic or to the hospital services after consultation with the general practitioner concerned.

See Table III H and I.

5. SPECIAL FORMS OF TREATMENT

(a) *Child Guidance*

In 1966 73 school children resident in the Esher Urban District area were referred to the Hersham Child Guidance Clinic. This is an extremely well equipped new clinic, and every co-operation has been obtained from the Medical Director, Dr. Lindsay. The cases referred were made up as follows: —

Court	...	...	...	...	4
School Health Service	...	...	...	...	34
Hospitals	...	...	...	...	3
Private Practitioners	...	...	...	...	4
Child Guidance Clinics	...	...	...	...	3
Direct Non-Medical	...	...	...	...	25

56 children were seen and the following diagnoses made: —

Nervous Disorder	...	...	...	3
Behaviour	...	...	...	31
Habit Disorder	...	...	...	6
Psychosomatic	...	...	...	1
Organic	...	...	...	1
Educational	...	...	...	14

10 were withdrawn from the waiting list (5—other arrangements made, 4 improved and 1 non-co-operative).

7 were still outstanding at the end of the year.

From the 56 children seen, 28 received regular treatment during the year, 4 were recommended for special schooling for the maladjusted, 20 cases were closed (consultation and advice only), and 4 were being kept under observation.

(b) *Speech Therapy*

This work is undertaken by Speech Therapists at the Clinics at Molesey, Long Ditton, Esher and Cobham. It is of great importance that defects of speech should be discovered and treated with as little delay as possible. Treatment is often prolonged and only six or seven children can be provided for in one session. Waiting lists at Molesey, Esher and Long Ditton are building up and increased facilities will still be required in the near future.

During the year 68 cases were under treatment at the various Clinics.

(c) *Special Audiology and Hearing Defect Therapy Clinics*

In addition to the routine screening for hearing defects at infancy and the routine audiometry of school children at 6-7 years, the County Council have appointed a Specialist Audiologist to supervise and co-ordinate the medical services for children with hearing and speech defects.

Dr. Beet, the County Audiologist, conducts a special clinic at which the peripatetic Teacher for the Deaf attends and to which all children with any hearing defect are referred. This is held at the Esher Clinic on an average once a month, and during the year 64 children were referred.

Found to have normal hearing	...	...	...	...	43
Found to have impaired hearing needing a hearing aid	...	...	...	...	—
Found to have impaired hearing but not needing a hearing aid	...	...	...	...	4
Those remaining under supervision not fully assessed at the end of the year	...	...	...	...	17

(d) *Convalescent Treatment*

The Council's scheme provides for free convalescent home treatment for any pupil attending a school or educational establishment maintained by the Education Authority, or attending an independent school for which school health service facilities have been

made available. Pupils may be recommended for such treatment by School Medical Officers up to a period of four weeks.

During the year 1966 six pupils received convalescent treatment under this scheme.

6. DEATHS OF SCHOOL CHILDREN

During the year 2 deaths of school children were reported. Both these were boys, one died of bronchial pneumonia and the other of multiple congenital malformations.

7. DENTAL INSPECTION AND TREATMENT

The following table shows the number of children who were examined by the Dental Surgeons at Routine and Special Inspections, and the number referred for treatment during the year.

Number inspected	...	...	...	...	...	...	6,648
Number found to require treatment	...	...	...	...	...	...	3,795
Number treated	...	...	...	...	...	...	2,674

Repeated dental inspections reveal that a large number of children who do not have treatment through the School Dental Service attend private Dentists.

8. EMPLOYMENT OF CHILDREN

164 children aged 13 or over were examined by School Medical Officers during the period to ascertain their fitness to undertake part-time employment. All were fit for employment.

Three children were examined during the year to enable them to take part in entertainment, and were found to be fit.

9. IMMUNISATION

As a result of the Council's immunisation scheme the great majority of children enter school at age 5 adequately protected against diphtheria, whooping cough, tetanus and poliomyelitis.

When routine medical inspections are arranged the state of the child's immunity is checked and provision is made for any booster doses that may be required. Such reinforcing doses become due at ages 5 and 9 and they are generally given by a Medical Officer who visits the schools. Provision is made for those who are absent to attend a nearby clinic.

B.C.G. vaccination against tuberculosis is offered to children who are in their 12th year. A very full programme was carried out in 1966; all positive reactors are referred to Kingston Chest Clinic for an x-ray and practitioners are kept informed of the results.

Number given a Mantoux test	...	...	...	...	490
Number Mantoux positive and referred to Chest Physician	...	...	...	...	58
Number given B.C.G.	...	...	...	...	425

10. HANDICAPPED PUPILS

A very important part of the work of the School Health Service is the early ascertainment of children who have physical or mental defects.

The general policy is that wherever possible a child shall be educated in an ordinary school. When the handicap is such that special education is considered essential, the case must be very carefully assessed with assistance from experts in each particular field.

Where special education in a day school is considered suitable, the case is referred to the District Education Officer, who makes the necessary arrangements, including the provision of transport.

Admission to residential special schools is arranged by the Chief Education Officer at County Hall.

Table V shows that there were 180 children on the Handicapped Pupils' Register at 31st December 1966.

The names and addresses of physically handicapped children are passed to the appropriate Social Worker so that she can get to know them and give some thought to their future lives. At about age 13 the intention is that she shall maintain close contact and ensure that these children are guided into the most suitable occupation, with or without special training.

11. PROMOTION OF HEALTH

Health Education in Schools

Reference is made to Health Education in Part II of the Report. From this it will be seen that quite considerable programmes of health education were undertaken at Molesey Secondary Modern School, and at St. Joseph's Convent. Children of secondary school age are clearly excellent subjects for health education in all its aspects, and it is hoped that gradually time will be found for its inclusion in the curriculum of each secondary school.

TABLE I

A. ROUTINE MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected Satisfactory
1962 and later	44	44
1961	591	588
1960	185	184
1959	88	88
1958	405	405
1957	168	168
1956	89	89
1955	14	14
1954	186	186
1953	77	77
1952	259	259
1951 and earlier	729	729
Total	2,835	2,831

B. SPECIAL INSPECTIONS

No. of Special Inspections	...	...	...	...	...	13
No. of Re-inspections	...	...	...	...	...	179
Total	...	...	...	...	...	192

C. INFESTATION

No. of children examined	...	...	...	...	3,677
No. of individual pupils found to be infested	...	...	...	...	28
No. of individual pupils in respect of whom cleansing notices were issued	...	...	...	...	Nil
No. of individual pupils in respect of whom cleansing orders were issued	...	...	...	...	Nil

D. CASES OF INFECTIOUS DISEASES NOTIFIED

Disease		Age		
		5—9	10—14	15+
Acute Encephalitis	...	2	—	—
Acute Pneumonia	...	—	—	1
Dysentery	...	13	2	—
Measles	...	95	6	4
Paratyphoid	...	—	—	2
Scarlet Fever	...	10	1	—
Tuberculosis—				
Respiratory	...	1	—	2
Other	...	—	—	—
Whooping Cough	...	4	—	—
Total	...	125	9	9

DEFECTS FOUND IN SCHOOLCHILDREN

TABLE II

A. DEFECTS FOUND AT MEDICAL INSPECTIONS

Defect or Disease	No. of Defects	
	Requiring Treatment	Requiring to be kept under observation but not needing treatment
Skin	19	50
Eyes—		
(a) Vision	136	181
(b) Squint	13	25
(c) Other	2	25
Ears—		
(a) Hearing	2	35
(b) Otitis Media	3	31
(c) Other	—	37
Nose or Throat	20	232
Speech	4	53
Lymphatic Glands	—	20
Heart and Circulation	1	30
Lungs	7	52
Developmental—		
(a) Hernia	1	6
(b) Other	4	23
Orthopaedic—		
(a) Posture	8	107
(b) Feet	25	65
(c) Other	9	82
Nervous System—		
(a) Epilepsy	2	5
(b) Other	1	13
Psychological—		
(a) Development	—	13
(b) Stability	7	67
Abdomen	4	12
Other	8	33
Total	276	1,197

Note.—These figures also include a small number of Special Inspections.

B. PUPILS FOUND TO REQUIRE TREATMENT

Age Groups Inspected (by year of birth)	For Defective Vision (excluding squint)	For any of the other conditions recorded in Table II	Total Individual Pupils
1962 and later	—	3	3
1961	9	42	39
1960	3	10	7
1959	—	2	2
1958	19	23	38
1957	6	10	15
1956	6	2	7
1955	1	2	1
1954	—	—	—
1953	2	2	2
1952	16	6	21
1951 and earlier	74	38	107
Total	136	140	242

TREATMENT OF DISEASES AND DEFECTS

TABLE III

A DISEASES OF THE SKIN

No. of cases known to have
been treated during the year

Ringworm—						
(a) Scalp	...	...	...	...	...	—
(b) Body	...	...	...	...	...	1
Scabies	...	...	...	...	...	—
Impetigo	...	...	...	...	...	—
Other skin diseases	...	...	...	...	...	21
Total	...	...	...	...	...	22

B. EYE DISEASES, DEFECTIVE VISION AND SQUINT

No. of cases known to have
been dealt with

External and other, excluding errors of re fraction and squint	...	...	...	...	...	4
Errors of refraction (including squint)	...	...	...	...	...	368
Total	...	...	...	...	...	372
Number of pupils for whom spectacles were prescribed	...	...	...	...	...	123

C. DEFECTIVE HEARING

Total number of pupils in school who are
known to have been provided with hearing
aids—

(a) In 1966	...	...	...	...	...	—
(b) In previous years	...	...	...	...	...	9

D. OTHER TREATMENT GIVEN

(This includes hospital cases)

No. of cases known to have
been dealt with

(a) Pupils with minor ailments	...	...	...	...	...	45
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	...	6
(c) Other than (a) and (b) above—						
1. Heart	...	...	...	...	...	2
2. Lungs	...	...	...	...	...	13
3. Nervous system	...	...	...	...	...	9
4. Lymphatic glands	...	...	...	...	...	2
5. Developmental	...	...	...	...	...	—
6. Abdomen	...	...	...	...	...	17
7. Psychological	...	...	...	...	...	—
8. Other	...	...	...	...	...	6
Total (a) and (c)	...	...	...	...	...	94

E. ATTENDANCES AT SCHOOL MEDICAL CLINICS

Defect							No. of Attendances
Skin	...	...	...	...	...	...	4
Eyes	...	...	...	...	...	...	87
Ears	...	...	...	...	...	...	40
Nose and Throat	...	...	...	...	...	...	28
Speech	...	...	...	...	...	...	28
Lymphatic Glands	...	...	...	...	...	...	10
Heart	...	...	...	...	...	...	3
Lungs	...	...	...	...	...	...	20
Developmental	...	...	...	...	...	...	9
Orthopaedic	...	...	...	...	...	...	88
Nervous System	...	...	...	...	...	...	2
Psychological	...	...	...	...	...	...	43
Abdomen	...	...	...	...	...	...	3
Other	...	...	...	...	...	...	23
Total							388

No. of school children examined for part-time employment	...	...	...	...	164
No. of children examined for entertainment licences	...	...	...	...	3
No. of adults medically examined	...	...	...	...	57

F. ATTENDANCES AT EYE CLINICS

The table below gives details of work carried out at the Molesey and Cobham Eye Clinics during the period:—

*No. of attendances	...	...	...	...	...	...	690
No. of individual patients examined	...	...	...	...	...	...	432
TREATMENT							
Errors of refraction (including squint)	...	...	...	...	...	...	368
Glasses prescribed	...	...	...	...	...	...	123

* This includes school children, pre-school and specials.

G. REMEDIAL EXERCISES

Centres—Cobham, Esher, Long Ditton and Molesey

No. of Sessions	...	...	...	...	87
No. Treated	...	...	...	...	46
No. of attendances	...	...	...	...	239
No. of new cases admitted	...	...	...	...	31
No. discharged	...	...	...	...	22

In addition 6 school children were treated in hospital out-patient departments for orthopaedic defects.

H. AUDIOMETRY—HEARING TESTS

The following table gives details of the number of children tested and the results of investigation of children who failed the test during 1966.

	Routine Examinations	Retests and Specials	Total
(1) No. of children tested	363	125	488
(2) No. of children who failed test ...	5	28	33
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(3) Result of investigations by School Medical Officers—			
(a) No significant hearing loss ...	1	8	9
(b) No significant hearing loss, but child appears mentally retarded	—	—	—
Deafness due to—			
(c) Catarrhal condition (with or without inflammation of ear)	2	2	4
(d) Old otitis media	1	3	4
(e) Injury	—	—	—
(f) Other causes	—	4	4
(g) Undetermined cause	—	2	2
(h) Untraced or left district ...	—	3	3
(i) Already supplied with hearing aids	—	—	—
(j) Investigations remaining to be carried out	1	8	9
	5	30	35
<hr/>			
(4) Recommendations—			
(a) No action required	—	10	10
(b) For observation only	2	3	5
(c) Referred to Audiology Clinic	1	1	2
(d) Referred to General Practi- tioner	—	4	4
(e) Referred to E.N.T. Consultant	—	1	1
(f) Special position in class ...	1	1	2
(g) Hearing aid and supervision by teacher of deaf	—	—	—
	4	20	24
<hr/>			

I. AUDIOLOGY—HEARING DEFECTS

Ages	New Cases referred to Audiology Clinic	Not fully assessed by end of previous year	Found to have normal hearing	Found to have remediable hearing loss	Found to have impaired hearing needing hearing aid	Found to have impaired hearing but not requiring aid	Not fully assessed by end of year	Total Examinations at Audiology Clinic during the year
0—2	16	2	10	—	—	—	8	24
2—5	22	2	17	1	—	1	5	22
5—7	11	—	10	1	—	—	—	12
7—11	9	—	5	1	—	—	3	9
11+	2	—	1	—	—	—	1	2
Total	60	4	43	3	—	1	17	69

DENTAL INSPECTION AND TREATMENT

TABLE IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT DURING
1966

1. Attendances and Treatment—

First Visit	...	...	...	...	...	...	1,003
Subsequent Visits	...	...	...	...	...	...	2,047
Total Visits	...	...	...	...	...	...	3,050
Additional courses of treatment commenced	...	...	...	...	...	...	187
Fillings in permanent teeth	...	...	...	...	...	...	1,719
Fillings in deciduous teeth	...	...	...	...	...	...	940
Permanent teeth filled	...	...	...	...	...	...	1,390
Deciduous teeth filled	...	...	...	...	...	...	786
Permanent teeth extracted	...	...	...	...	...	...	176
Deciduous teeth extracted	...	...	...	...	...	...	368
General anaesthetics	...	...	...	...	...	...	127
Emergencies	...	...	...	...	...	...	18
Number of pupils x-rayed	...	...	...	...	...	...	205
Prophylaxis	...	...	...	...	...	...	532
Teeth otherwise conserved	...	...	...	...	...	...	51
Number of teeth root filled	...	...	...	...	...	...	1
Inlays	...	...	...	...	...	...	6
Crowns	...	...	...	...	...	...	19
Courses of treatment completed	...	...	...	...	...	...	880

2. Orthodontics—

Cases remaining from previous year	...	...	...	...	23
New cases commenced during year	...	...	...	...	68
Cases completed during year	...	...	...	...	15
Cases discontinued during year	...	...	...	...	9
No. of removable appliances fitted	...	...	...	...	80
No. of fixed appliances fitted	...	...	...	...	5
Pupils referred to Hospital Consultant	...	...	...	...	9

3. Prosthetics—

Pupils supplied with F.U. or F.L. (first time)	...	...	...	—
Pupils supplied with other dentures (first time)	...	...	...	15
Number of dentures supplied	...	...	...	26

4. Anaesthetics—

General Anaesthetics administered by Dental Officers	...	Nil
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5. Inspections—

(a) First inspection at school. Number of pupils	...	5,747
(b) First inspection at clinic. Number of pupils	...	901
Number of (a) plus (b) found to require treatment	...	3,795
Number of (a) plus (b) offered treatment	...	2,674
(c) Pupils re-inspected at school clinic	...	53
Number of (c) found to require treatment	...	45

6. Sessions—

Sessions devoted to treatment	...	431
Sessions devoted to inspection	...	63
Sessions devoted to Dental Health Education	...	7

HANDICAPPED PUPILS

TABLE V

PARTICULARS OF HANDICAPPED PUPILS AT 31st DECEMBER, 1966

Category	Total Handi- capped Pupils	DISPOSAL												
		Recommended Special School or Hostel						Recom- mended special education in Ordinary School	Home Tuition	Tuition in Hospital or Special Units	Under Review			
		In Special School or Hostel		Parents refuse Consent	On Waiting List	In Ordinary School	At home or in Hospital or in Private School							
		B	G								B	G	B	G
Blind
Partially Sighted
Deaf
Partially Deaf	...	9	3	6	1	...	2	2	...	...	...	...	1	...
Educationally sub-normal...	...	66	39	40	25	1	6	4	1	13	8	3	...	...
Epileptic	...	1	1	1	1	...	...	...	...	...	...	...	...	...
Maladjusted	...	20	6	15	4	...	3	1	1	...	...	...	2	...
Physically Handicapped	...	20	8	11	...	...	6	6	3	...	...	...	2	...
Delicate	...	4	1	4	...	...	1	1	...	...	...	...	1	...
Speech Defect
Total	...	120	60	77	33	1	18	14	5	1	13	8	3	6

